

# Experiments in Love and Death



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## Medicine, Postmodernism, Microethics and the Body

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*For Sally, Frida and Ilya*



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## Foreword

This important book situates ethics in medical practice in a radically new way. Ethics, which aims to establish values and principles for action, has been set up as a discourse of a different kind from the empirical discourse of medical science. Ethical judgements are perceived to be outside interventions in the autonomous progression of medical science and practice. Political and economic discourse and practice are likewise external to the discourse of medical science, and ethical considerations are seen to be imposed from the outside upon the political and economic discussions that determine the funding of medical care. The discourse of cultural and religious values and prohibitions are external to the discourse of medical science.

Dr Paul Komesaroff analyses the clinical experience. A patient comes to the doctor for the diagnosis and treatment of illness or suspected illness, for advice about avoiding medical problems, for assistance with the passage through natural processes like pregnancy and menopause, or for help in dealing with marital or social problems that follow illness or death. The patient submits his or her body to medical scrutiny, but that body is not only a biochemical organism. It is also a body traumatised or empowered with past afflictions; a body whose powers are channelled into specific kinds of actions, functioning with rational, symbolic, cultural and perhaps religious meanings; a body whose functioning is coordinated and conflicted with the bodies of others; a body with sexual drives and aesthetic preoccupations with itself; a body whose functioning is constrained or empowered with material resources and sociopolitical forces. The doctor must diagnose the medical problem not only with laboratory tests, but also with the patient's account of the origins and symptoms of the distress. The patient speaks often with learned scientifico-medical terminology but also in colloquial language, language specific to age or ethnic groups, sometimes conveying social prejudice or political outlook. The doctor's speech is not simply a citation of relevant passages of medical science and reports of laboratory tests, but also greets, signifies listening, invites further elucidation, interprets, confirms, enjoins behaviours, provokes, persuades and also voices baleful prognoses, confronts the patient with the limits where despair, but also the possibility of insight and wisdom, are possible.

The doctor is there not only as a voice, but also speaks with his or her physical presence and hands. The doctor must make decisions with family members of the patient.

Dr Komesaroff finds that the clinical interaction is intrinsically ethical. The doctor maintains responsibility for the patient's biological body, shaped by past traumas and by present commitments to work and to social, political and economic possibilities and constraints. The patient does not live without maintaining responsibility for his or her activities, engagements with work and with others, his or her state of wellbeing, illness and oncoming death. The clinical experience involves mistakes, accidents and unpredictable consequences of treatments. Ethical consciousness and decision-making require communication between these multiple and divergent responsibilities, which form an individual configuration in each clinical interaction.

It is not a matter of treating the 'whole' patient. The doctor has access to no more than a fragment of the patient's life—that part for which he or she has come to the clinic for attention. Nor is it a matter of adding empathy and friendship to the clinical discourse, as these may well hinder critical reflection on the part of both doctor and patient.

Dr Komesaroff sets out to clarify the nature of this ethical reflection and the kind of discourse with which it is formulated. This ethical discourse cannot be formulated in universal categories and juridical reasonings. It is not concerned with truth but with validity. It is not a discourse about good but rather about the avoidance of evil, and even about the positive use of evil to determine the limits of meaning. Dr Komesaroff calls it microethics.

He explains how microethical reflection came to be passed over as biomedical ethics was set up as an autonomous discourse, exterior to the language of medical science. With economy, precision and clarity, he explains how, nonetheless, biomedical ethics and medical science—as well as psychological, sociological, political and economic discourses that likewise were set up as autonomous discourses—share fundamental assumptions as to the nature of reason, evidence and argument. Ethical value was given to the promotion of this kind of reason. These fundamental assumptions have paradoxically made these discourses exterior to one another, and exterior to the kind of reflection and decision-making that occur

within the clinical encounter. The fundamental assumptions they share that make proponents and opponents of animal experimentation in medical research unable to resolve issues, because they are unable to communicate, is a case in point.

Reading this book convinces us that the public discussions of professional ethicists and jurists, when they have made their decisions and inscribed their legislation, will not have resolved the ethical decisions that doctors and also patients have to make. To be theoretically sound and practically useful, these decisions will have to arise out of the practice of microethics. This insight has far-reaching consequences for theorists of ethics in every domain. Do we not need a microethics for research ethics, environmental ethics and teaching ethics? We are aware of concrete cases where legal ethics, journalist ethics and, indeed, government ethics and business ethics are not settled by establishing professional codes of conduct. Do we not need microethics in these areas also?

Medical science does not simply result from experimentation, but, given the complexity and singularity of every patient's full body, medical practice will be some kind of experimentation. And the practice of ethical responsibility within the clinical encounter will also be an experimentation. Ethical decisions will issue from an experimentation by the patient—and by the doctor—with ways of suffering, healing and dying. Dr Komesaroff examines cases where ethical reflection turns out to be groping and progressive and an experimentation with love and death: a woman whose present medical problems in menopause are tied to deep and incurable psychic wounds; a woman whose ovaries and uterus were wrongly surgically removed, and who is now prostrate with incapacitating pain; a woman orphaned as a child in Auschwitz and now suffering an incapacitating menopause; people facing incurable medical conditions; an athletic woman stricken with multiple sclerosis; a woman blocked in obesity; a woman for whom both scientific and alternative treatments for cancer have failed; a man awaiting a donor heart for transplant, kept alive with an LVAD machine after the transplant becomes medically impossible; caregivers and family whose lives become nothing but suffering. In these clinical encounters, where biomedical ethics falter and fail, Dr Komesaroff shows what microethical reflection is at work, and how it does not revert to relativism or subjectivism but guides responsibility and action.

Out of microethical reflection in these singular cases, Dr Komesaroff develops far-reaching insights with subtle care. His experience illuminates what suffering is: it does not in itself have meaning but can generate meanings. Suffering is not a property of the individual sufferer; it is from the first shared and exists between individuals. He sees the clash of two forms of inevitable incomprehension before suffering: that of the afflicted patient and that of the institutional structures of medical practice. He discovers how clinical medicine opens access to the most intimate recesses of that person's being, challenging meanings, undermining assumptions and provoking fundamental reassessments and revaluations. For the clinical relationship is not just one of support and affirmation, but also of subversion and confrontation. He confronts the problem of understanding a patient's will to undergo certain treatments or to be allowed to die when that will was expressed in earlier and different circumstances and when it can no longer express itself. He reflects on evil—on what it is like to be a victim of unjust or cruel behaviour—and finds that the experience of having been a victim of evil can play a constructive and affirmative role in the stabilisation of meaning and values for all of us.

He sees that the doctor is not only agent but witness, and explores the meaning of that witness. Whether the medical intervention cures, sustains palliatively or fails, the doctor is there to record, constitute an active memory, organise experiences and render them intelligible, and define possibilities for the future. He is there as a witness to the lives and sufferings of patients whose lives and sufferings are perhaps otherwise unknown and uncommemorated.

This is an essential book for doctors, nurses and caregivers. It is also a book for all of us, destined to suffer and to die, and responsible in our suffering and death—responsible for ourselves and for our loved ones and comrades. And it is written with a clarity, discretion and sensitivity that will hold the attention of every reader. Anyone who reads this book will keep it to be re-read in days of distress ahead and to share it with friends.

Alphonso Lingis  
Baltimore, MD  
March 2008

## **The Practice of Ethics: A Manifesto**

This book is concerned with how to think about and practise ethics. It takes as its point of departure a paradox at the heart of contemporary ethical experience.

Ethics is called upon simultaneously to serve two very different tasks. On the one hand, it poses difficult questions about underlying assumptions, values and goals, reasons and justifications to help guide decisions and actions. This function of ethics is radical and inexorably subversive. It takes nothing for granted and respects no authority. On the other hand, ethics is at the same time called upon to serve an opposite function—to regulate conduct and to ensure that all social actors do what is accepted of them, that they act in a prudent and predictable way. In this function, there is no room for radical questioning or risky iconoclasm. If society is to function smoothly, there is a need for stable, predictable patterns of behaviour, and this is what ethics seeks to deliver.

The paradox is reflected in the discussions and debates about ethics that proliferate in the academic and popular literature. In fact, in recent years there has been an explosion of interest in ethics, especially in the fields of medicine and science where it is widely acknowledged that perplexing ethical issues abound. The popular media, clinical practitioners, journals and institutional committees

all engage in vigorous, sometimes furious, arguments about ethics, and teaching programs in medicine, nursing and related disciplines now invariably include material on ethical decision-making.<sup>1</sup>

The increased interest in ethics, however, is not restricted to clinical medicine but includes many other fields too. We also have research ethics, environmental ethics, business ethics, science ethics, legal ethics, teaching ethics, military ethics, journalist ethics, computer ethics, government ethics, sporting ethics, accountancy ethics and many more. In all these fields, 'experts' commonly offer their opinions on key questions to provide answers to dilemmas, large and small. We can read in the newspaper about whether we are ethically obliged to vote in elections, whether we should stop at red lights, ask people their occupations, open doors for others, or how we should end a love affair or respond to a drunk in the street. There is much public discussion about whether one should be a vegetarian, wear clothes made of fur, use air conditioning, drive a car or give money to charity.

There are several likely reasons for the increased interest in ethics. For many, modern life is experienced as darkly threatening and precipitous, and the task of finding meaning and making decisions about personal conduct is daunting and oppressive; for others, the expanding possibilities open up new, rich opportunities for reflection and change. It is possible that the enhanced profile of ethics reflects an increased sense of uncertainty about how to act in a world of growing complexity, a desire to find answers to increasingly difficult questions about technology and the proliferation of cultures and value systems. It may reflect greater awareness of the range of moral choice in an era of increased communication and globalised economic and political discourses.

My focus in this book is on the ethical issues arising within medicine, primarily within Western, developed societies, although many of the considerations apply increasingly to the globalised cultures of so-called 'developing' societies. The ethical issues occur at many levels. They occur in relation to large-scale questions about values and society, about our relationships with each other and with nature, about the impact of new developments in science and medical treatments, and the extent to which we should embrace these innovations or take steps to contain them. They occur in relation to the nature of

the social relationships, the so-called 'regional' relationships of trust and power, which can be both the source of confidence and caring and of exploitation and betrayal. And they occur at the level of individual experience, the local or 'microethical' level, where one person engages another face to face, where we encounter suffering and pain, bitterness and gratitude, love and resentment, caring and trust.

In individual cases many issues may come together. To quote a personal example, I might be faced with the dilemma of whether or how I should care for my ageing mother who is suffering from severe memory loss that has been diagnosed as Alzheimer's disease.<sup>2</sup> I may consider questions of a personal nature in relation to society generally and perhaps to wider philosophical and social considerations. I may reflect on my personal relationship with her, the debt that I owe her for the love and care she has provided to me, and on questions about the distribution of resources in a society that is itself ageing. I may wonder about my personal responsibilities and the responsibilities of society in general to care for its older citizens. In practice, I may encounter all these issues within the flux of my everyday life, in the context of my other relationships and activities.

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Although my primary concern in this book is with medicine, many of the discussions within it are of wider relevance. Ethical considerations inhabit the very core of our sense of who we are. They reflect the primordial, irrefragable bond we have with others that is the condition of all meaning and value. They arise out of the responsibility we unavoidably incur simply as a condition of being human. These experiences of ethics include, but are not restricted to, the purely cognitive or philosophical: we do not come to ethical decisions purely through a process of thinking or rational argument. We draw on the whole range and variety of our embodied, sensuous lives, our memories of illness and pain, sexuality and love, and our hopes and fears about the future.<sup>3</sup>

To recognise that ethics plays a fundamental role in our lives does not, of course, tell us how to act. Decisions about what we should do may remain difficult despite our enhanced ethical sensitivity. This may be because the circumstances with which we are dealing are uncertain and complex or because we ourselves may feel

ambivalence or conflicting emotions. Sometimes the facts have multiple interpretations or there are intractably opposed forces at play. It is a common discovery, for example, that illness, pain and physical suffering can become fecund sources of insight and wisdom, and may greatly deepen relationships and engender new purposes and hope. Or things can go the other way. Advancing technologies can bring major benefits, including pleasure, the relief of illness, or access to new possibilities; however, by displacing activities with ethical content in favour of purely technical ones, they can also lead to an erosion of meaning, to a degradation of intimate human experiences and the undermining of traditional, community-based systems of meaning generation.<sup>4</sup>

Ethical theory has been created to help with sorting through this uncertainty and complexity. For all its popularity, however, the gains have been much less than they seem. This is partly because of the paradox mentioned at the start of this chapter: while ethical thought can facilitate and provoke fundamental questioning, at the same time it also tends to impose limits on what is possible, to ensure conformity to existing social norms or patterns of thought. In fact, the conservatism has usually predominated, even among ethical theories presented by their authors as radical and iconoclastic. For all the sound and the fury, the dominant ethical discourses have not in general supported a deep questioning of the conditions and assumptions that generated the problems they are seeking to solve. This in turn reflects the fact that the inexorable forces driving modern society forward—including science and medicine, money and power—also sweep up ethical discourse, which is therefore implicated within and co-opted by it.

### **Theories of Ethics in the Modern Age**

Ethical theory is certainly not monolithic. It draws on a range of traditions and incorporates a wide range of theoretical perspectives; for example, within the Western tradition, Aristotelianism, deontology, utilitarianism, neo-Aristotelianism, 'principlism', egoism, narrative theory, discourse theory, relativism and feminist ethics, to name just a few. Many of these theoretical approaches propose ways of generating normative rules and of solving 'dilemmas'. As may be expected, each has its limitations, and all have been subjected to detailed,

critical scrutiny. For example, bioethics, itself a cluster of theories that has been among the most influential of the contemporary approaches, has been trenchantly criticised for its conservatism, narrow agenda, stereotyped sets of issues and problems, and its reliance on simplistic arguments and reasoning. Attention has been drawn to crucial, key assumptions underlying much of bioethical discourse, such as the reliance on an individualistic and 'logocentric' perspective, which takes for granted the central role of a thinking, all-powerful subject whose singular task is to formulate and solve through the exercise of reason the main antinomies of modern culture and society.<sup>5</sup>

These criticisms are in fact widely applicable not just to bioethics but to modern ethical thought in general. It is widely assumed in discussions about ethics that to proceed in a systematic fashion it is necessary to identify a problem or dilemma that needs to be solved and then to find solutions to it. It is assumed that ethical problems are solvable and that the solutions can be discovered through the application of rational thought. While these may sound like inoffensive and natural assumptions, in reality they depend on very deep preconceptions about the nature and role of reason and rational argumentation. Furthermore, a major outcome of the logocentrism of ethical thought is that it provides no independent standpoint from which medicine or science can be subject to critique. The object of criticism becomes the standard of criticism. This is one of the reasons for the deep conservatism of much of modern ethical thought.

The central values attributed to individual autonomy—the appeal to the universal abstract principles, the search for definitive 'solutions' to ethical 'dilemmas', the emphasis on outcomes rather than processes—also affirm and support prevailing cultural assumptions. Take the example of medicine again. Dominant approaches to ethics take autonomy, the individual subject, freedom—understood in a historically limited sense of the individual in isolation—as key values. Arguments often presented as 'radical' argue for the legalisation of euthanasia, the killing of disabled persons (including infants and elderly people), the application of genetic techniques to manipulate the genome to increase or improve physical capacity, unrestrained research into stem cells, etc. In many cases these arguments are no more than apologies for the prevailing technological regime. However, of greater importance than this is that they

comprehensively set the agenda for all ethical debate. The conclusion that is reached in any particular case makes little difference because the damage has already been done: the task of ethical discourse has been reduced to rubber stamping—or refusing to rubber stamp—the conceptual status quo.<sup>6</sup>

The radicalism of these ethical theories is illusory because they disturb little in the status quo. They do not reflect key issues that arise at the level of the lifeworld—the intimate world of experience we inhabit and share with others in our most intimate interactions. They do not engage the fine texture of day-to-day decision-making; the subtle adjustments we make in the continuous flux of communication, in response to our intuitions about the needs of others; the search for personal meaning and clarity about personal goals and relations with others. They omit the diverse richness and complexity both within and between cultures that distinguish our personal and interpersonal lives.

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The roots of the concepts of ethics that prevail in contemporary Western societies derive largely from the changes in the understanding of the nature and role of reason that occurred during the intellectual movement around the mid-seventeenth century that became known as the European Enlightenment. The basic conviction guiding this great process of ferment and change was the belief, inspired by science, that progress will occur inexorably towards greater knowledge and social and moral improvement as a result of the application of reason.<sup>7</sup>

The older world views that had dominated prior to this time placed more emphasis on religion and metaphysics than on scientific knowledge. Values spheres dominated that were specific to context, connected to individual lifeworlds, and which linked moral practical elements to private and social life. Practical questions depended on socially integrated contexts of life and were not thought of as purely formal or technical. Similarly, everyday practices in the private and public spheres were not yet formalised and bureaucratised.<sup>8</sup>

The traditional world views had provided unified, shared, stable ways of understanding moral and practical life. In the emerging view of the world, separate regions of discourse and action were

distinguished, each of which had its own specific tasks. Science became the major intellectual practice devoted to the search for truth; ethics and jurisprudence assumed the role of carrying out the search for normative rules to guide action; and art became the site for the creation of and reflection on beauty. Each of these areas was the province of 'experts', individuals with specific skills, knowledge and authority whose activities were from now on by and large restricted to a single main field of activity.<sup>9</sup>

One of the major outcomes of the Enlightenment was a differentiation within social life of three relatively autonomous spheres of thought and action: science, morality and art.<sup>10</sup> In the emerging tradition of modernity, the goals of theory were differentiated respectively into the search for truth, the good and the beautiful. The three regions were distinguished as separate, albeit not completely independent. They were linked by their mutual dependence on the overwhelming power of reason.<sup>11</sup>

Perhaps the most crucial innovation of the Enlightenment, however, was the novelty of the concept of reason itself, according to which reason was now seen as a highly refined technical device. Rational thinking was identified with instrumental reason, the kind of thinking that seeks to realise clearly defined outcomes. The application of this reason became the key to all knowledge. From the point of view of the new science, the book of nature, which had now been deciphered, was literally written in mathematical characters.<sup>12</sup> The possibilities and power of reason were considered unlimited. It was to be the tool that would render transparent the obscure complexities of nature and society. The new order was based on some very fundamental assumptions—for example, the 'objectivistic' assumption that the scientist acted as an isolated, monadic, disembodied subject, and that theory merely reflected nature and had freed itself from any contamination with culture.<sup>13</sup> Its notion of reason was 'closed', in the sense that it focused on certain truth, the elimination of ambiguity, the overcoming of uncertainty and the extinction of difference. From now on, one particular kind of reason became the standard for assessing and judging all theoretical claims and empirical phenomena.

Both science and ethics now employed virtually identical notions of the subject. The valuing subject—that is, the subject of

ethical discourse—acquired a position and function similar to that of the knowing subject of modern epistemological theory. Both the ethical and the epistemological subjects marked out a centre from which valuations and knowledge—viewed as properties of the subject—could proceed.

Each of the newly defined fields of science, morality and art underwent a process of inexorable systematisation and unification.<sup>14</sup> In the case of morality, the focus became a search for rationally justified rules for good conduct. In fact, morality itself was turned into a process of following universally applicable rules. Approaches to the regulation of conduct that were implicit in the older, now obsolete, world views were progressively rooted out and eliminated as superstition and romanticism, even if they were still employed in foreign cultures, in religious thinking, tribal mythologies and ritualistic practices.

Ethical theories were increasingly justified on the basis of single philosophical methods and general theories of human nature. Morality was given a very narrow focus; it was considered no more than a guide to obligatory action.<sup>15</sup> All dilemmas were assumed to have a rational resolution. All discrepancies in moral views between individuals were to be overcome by the exercise of reason alone. Morality became a matter of formulating rationally based principles of obligatory action. Even where alternatives were proposed—such as attempts to revive the Aristotelian virtues—the newly dominant framework was left intact.<sup>16</sup>

In the new regime, everyday problems—such as my question about whether I should care for my elderly mother—had to be framed within a context that allowed limited options only. If, as a respectable thinker, I wanted to answer this question, I had to adopt one of the conventional possibilities. I had to formulate reasons that addressed such issues as whether she has useful cognitive capacity sufficient to allow her to be regarded as possessing personhood. The cold light of reason demanded that a calculation be undertaken to assess whether her continued life maximised the happiness of the whole society. Religious moralists would try to prove that to care, or not to care, was an obligation that derived from the existence of God. Others would try to identify universal principles that would illuminate or exemplify the specific case of this one woman.

Despite its attraction and apparent successes, the notion of theory as radically independent of culture deeply compromised from the outset the new project of ethics. It undermined its capacity to raise critical questions by making it dependent on instrumental reason. Reflection on the nature of personhood or the role of reason in ethical judgement was largely abolished. The primordial, open, creative process within which subjects and subjectivities crystallise in face-to-face interactions was attenuated, and systematically annulled.<sup>17</sup> The crucial, creative role of the ethical relationship between embodied subjects, pullulating with new meanings, was ignored, and then forgotten.

### **The Practice of Ethics in Daily Life**

The official discourses of ethics do not reflect accurately the everyday experience of ethical practice. In daily life, we make decisions about issues concerning values all the time. Whenever I engage another person, however large or small the interaction, I adjust my conduct in recognition of him or her. Whether I am interacting with a student, a bus driver, a shop keeper or a lover, whether I am engaging in a dinner-time conversation, walking in a crowd or driving on the road, whether I am making decisions about the care of a patient, a child or my elderly mother, I remain acutely attuned to the proximity of others, to the effects on them of my words, my actions, my mere presence. In the continuous flow of these interactions, some mundane and inconsequential, some of great moment and consequence, I carefully adjust my words, my physical actions, my facial expressions, my bodily postures, in recognition of their needs, vulnerabilities and reciprocal responses or lack of response. My daily life is replete with small decisions about my responsibilities for, and effects on, other people.

Some of the decisions I make are explicitly considered and rationally based, and occasionally I may ponder issues of great moment and deep consequence. However, mostly, the ethical content of my life is intuitive and inconspicuous. Ethical discourse in the everyday does not follow rigorous philosophical theories. We do not start from universal, abstract principles or normative rules of conduct and then try to make reality conform to them. We resist and reject strict formulas and dogmatic principles. Instead, we engage in

dynamic, open and flexible dialogues with others as we negotiate our way delicately through densely populated fields of often conflicting values. In doing so, we utilise whatever tools are available to us. We appeal to arguments, we engage in discussions, we call up memories, traditions and past conversations, we apply fragments of theory. There are discussions about discussions, and reflections on these discussions. Our conversations may be carried to completion or they may be partial, interrupted and inconclusive. We abide this complex process of bricolage, this strange and mysterious polysemy and ambiguity, without demur or a sense of exception.

Often, to break an impasse we introduce a new element—a joke, a reference to a book we have read or a film we have seen, a past experience. We call on the language to stutter, to enable us to open up a new space of meaning, one that does not forget the weight of the world and the deafness of understandings.<sup>18</sup> We engage in a constant hermeneutics of values and interactions, discovering new landscapes, and problems and truths fitted into one another.<sup>19</sup>

In these practical dialogues that drive our daily lives forward, we do not start from the premise that we are autonomous individuals setting out to establish and then control contact with others. We start from the assumption that we are inexorably and irrevocably enmeshed with others. Our relationships with other people are placed at the very beginning—indeed, even before they become differentiated as relationships. We start from the premise that our very uniqueness lies in our responsibility for others, a responsibility that cannot be passed off to another person, just as I could never have anyone else take my place in death.<sup>20</sup> The uniqueness of my commitment to the other person with whom I am engaged in dialogue establishes my capacity to do only what no-one else can do in my place. This uniqueness and specificity of the ‘first person singular’ guarantees my freedom.<sup>21</sup> On the other hand, the continuity of my relationships and responsibilities, embedded as they are in thriving, rich and intense dialogues and diverse cultures and ideas, insures against an arbitrary process of relativism or subjectivism.

Neither the starting point nor the process is closed or rigid. The outcomes of the ethical dialogues are often marked by a similar openness and polysemy. In ethics, there are no correct solutions. There is no single point of view or conclusion that distinguishes right conduct

from moral error, good from evil. There are no inviolable laws of moral action that command universal obedience: there are only processes with greater or less integrity, with more or less commitment to the openness and creativity inherent in the interpersonal space.

The predominant contemporary philosophical reflections on ethics demand that all thought and meaning are assimilated to a single standard, that they are solid and positive. They assume that reason faithfully reflects a stable, explicable structure of the world. They depend on closed concepts of thinking, subjectivity and dialogue. In our daily ethical practice we implicitly and intuitively dismiss these assumptions and call on very different resources. We work with the richness and fluidity of alterity, of the otherness of other people; we rely on the deep, uncontainable complexity of our responsibility for these others; we engage in open and creative dialogues to establish unique trajectories through the dense congeries of values that compose the plenum of our ethical lives.

## **Manifesto**

The field of ethics is very broad. It covers the full expanse of thought and action directed towards answering the question, 'What should I do?' The agenda of ethics in everyday life is practically inexhaustible. Even the most mundane experience encompasses an ethical component. Our daily lives are textured by small, microethical moments, soaked with ethical resonances: the meeting of eyes in a train, someone giving way in a doorway, a gesture—or lack of a gesture—of kindness in the tea room, mundane interactions with family and friends. The larger-scale experiences of embodiment, puberty, sexuality, childbirth, illness, menopause and old age all have deep ethical content. These experiences may provoke reflections on our personal goals and aspirations, the sources of satisfaction and frustration. From time to time we encounter—and may be perplexed by—dilemmas in respect of which we are called upon to take conscious decisions.

The answers to ethical questions are not limited to universal formulations, principles or formulae. They are complex and heterogeneous, calling on diverse experiences, texts and discourses and often involving dynamic and sometimes unstable compromises. The ethical domain is radically different from that of instrumental or

technical rationality. The purpose of instrumental reason is, in any particular case, to define the strategies and techniques that will enable a well-defined goal to be realised. The choice of that goal and the judgement about whether the human and financial costs of achieving it are justified are tasks not for instrumental reason but for ethics, and this can be thought only in ethical terms. In this sense, ethics provides the context for technical thought, and therefore underlies and is presupposed by it.

Ethical thinking differs from the kind of logic commonly assumed in scientific or technical reasoning. Unlike in the latter, for example, the coexistence of opposite and contradictory points of view is acceptable and common in ethics. In scientific thinking we assess a proposition on the basis of its truth value, while in ethics the criterion is not truth but validity. The test of a technical decision or action is its consequences; in ethics, it is the integrity of the process that generated it. A scientific proposition is true if it is cognate with the empirical facts; an ethical process is valid if it arose through a process of open, uncoerced reflection and dialogue. Science aims to narrow and simplify, to specify algorithms to guide action, produce universal principles or rules. Ethics does none of these things: it seeks to enhance respect for and to expand complexity, to acknowledge and value fullness and richness, to create ambiguity and facilitate communication across the boundaries of discourse and cultural life.

The proliferation of ethical moments does not invalidate the elaborate constructions of philosophical ethics; rather, it contextualises them and illuminates their limitations. The large-scale, traditional, global reflections of philosophical ethics help clarify the basic conditions of the possibility of ethical discourse. Furthermore, the codes of behaviour based on conventional rules and principles of action developed for professional and other regional domains of activity are important for ensuring the stability of social relationships. Both the global reflections and the codes of behaviour, however, must be taken together in context and supplemented with the local, micro-ethical domain of experience within which we move and actively make ethical judgements.

When we engage another person in any interchange, we enter into a field of values that is unbounded and indeterminate. We find ourselves not seeking unambiguous solutions to questions

concerning the ethical validity of propositions, but negotiating trajectories of values within shared lifeworlds of experience. We proceed incrementally, in infinitesimal steps, as—by trial and error—we explore the contours of this lifeworld. In ethics there is no single, universally valid category of the good; there is not one method. There is an infinity of goods, and many frameworks within which ethical analysis and debate occur.<sup>22</sup> This means that the domain of ethics is much larger and fecund than is generally accepted within the paradigms of conventional ethical theory. It also means that this expanded domain—the microethical domain—is in general not the terrain of spectacular cases involving heroic decisions. Rather, it is the field of day-to-day communication and structured, complex interactions, of subtle gestures and fine nuances of language. In the medical setting it includes the space of the reverberating physician–patient interaction, within which the medical relationship itself acquires a specific form, and deep-seated, often fundamental issues of value are engaged and, at times, thrown into question.<sup>23</sup>

I do not care for my elderly mother who has Alzheimer's disease just because she has useful sentient life or residual personhood, or because she is still capable of happiness, or because killing her does not maximise the happiness or pleasure of the rest of us. I do not care for her because she is of the human species, or because she has a soul, or because we are God's creatures, or because there is a rule or principle or moral law that says that I have to, or because I am or want to be a good person. I care, despite my own failings and hers, because of—or in spite of—my love and resentments, my misgivings and uncertainties, about her and about myself, because of opportunities seized and missed. I care because I have to; because it is the right thing to do; because she is my mother; because caring is a condition of possibility of being human; because I feel compassion and sadness and loss; because I myself am bereft; because I see in the elderly woman the shadows of my own childhood and the poignancy of her past splendour dulled by the ravages of age, and the poignant contemplation of my own future. I care because it is ennobling to care, even in the meanest, most defiled and debased settings, not because victims are inherently noble but because the distinction between carers and the cared for is itself mistaken. I care because there is never a simple dilemma, a single question with an unequivocal

answer. I care because I loved this person once and she loved me, because she was the rock on whom I could depend, who provided the starting point from which my own life was launched, because she cared not just for me but also for many others, including my own children. I care because she contains within her the assemblage of meanings and symbols for my life, the trail of a path traced over a long life; because her current predicament cannot be explicated in terms of 'sentience' or 'rationality' or 'quality of life'. I care for her because of her vulnerability and fragility, which is like the vulnerability and fragility she discerned and protected in my children and me. I care for her not because I can string together arguments to make a case. In short, I care with my reason, my emotions, my humanness.

Ethics is a process of dialogue that involves communication across the boundaries of philosophy, personal values, cultural assumptions and political and religious beliefs. Within it, individuals come together to generate and share new meanings, or indeed to define what it is that makes them individuals. Because of these characteristics it is inherently and irrevocably open, fluid and anti-totalitarian.

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We are all experts in ethics. We live in spaces shaped by ethical considerations. Our face-to-face relationships with others, our deepest and most private emotions, our mundane interactions during the conduct of our daily lives, all involve a multitude of ethical decisions, negotiations and adjustments. In these relationships and private experiences we engage with each other and with the world as embodied subjects, as physical, carnal beings, finite and vulnerable, grappling with our fears and hopes, weaknesses and desires.

One does not have to go to exotic places, seek out extreme circumstances or look for fundamental innovations in science, technology or culture to encounter ethical issues and the challenge of making ethical decisions. In the grey, commonplace continuum of the everyday there is heroism, joy, tragedy, suffering, honour, trust, loyalty, betrayal, altruistic caring and ruthless egoism. There is even evil and good, cynicism and selfless virtue.

In reflecting on our underlying values and aspirations, in taking stock of our lives and planning our futures, in regulating our

relationships and locating our places in the plenum of words and things, we draw on the wealth of resources in history and culture, literature, art, religion and philosophy. We engage in mundane or reflective dialogues, we argue and discuss, we respond emotionally and intuitively, and we reason painstakingly. We give weight to the power of reason, which has delivered successes in science, technology, medicine and elsewhere. However, we recognise that reason is not the only, or even the pre-eminent, domain of thought and action in the field of ethics. Rational argument is powerful, but it is not all-powerful.

In the ethical parts of our lives we form the background topography, the multidimensional context, within which we make decisions about how to act, how to intervene in the world, in a strategic manner. Our instrumental actions are focused and single-minded. In ethics, we plot paths through fields of values full of risk and uncertainty. In our technical decisions we look for results and outcomes; in ethics, we accept what is generated by an open, creative process. In ethics, there is no truth and falsity, no unambiguous solutions; there are no right answers. Just because I make a commitment or reach a conclusion does not mean that everyone else has to do the same. On the contrary, plurality and difference, diversity among ethical viewpoints and commitments, only enhance the richness and depth of my own ethical life.

Even in the face of its social function to control behaviour or stabilise social relationships, ethics is, and must be retained as, a domain of radical questioning, of reflection on and scrutiny of deep assumptions and strongly held values. It can be messy, untidy, inconvenient and inconclusive: it should, however, never be allowed to give up its crucial meaning-creating mission.

## Notes

- 1 See Chapter 2.
- 2 My mother has, in detailed conversations, given permission for me to refer to her condition and the issues it raises.
- 3 See Chapter 4.
- 4 I Illich, *Limits to Medicine* (London, Marion Boyars, 1976).
- 5 See Chapter 1. Also, cf. C Elliott, *A Philosophical Disease: Bioethics, Culture, and Identity* (New York, Routledge, 1999); PA Komesaroff, *Troubled Bodies: Critical Perspectives on Postmodernism, Medical Ethics and the Body* (Melbourne, Melbourne University Press, 1995).

- 6 See Chapter 2.
- 7 PA Komesaroff, *Objectivity, Science and Society: Interpreting Nature and Society in the Age of the Crisis of Science* (London, Routledge, 1986; 2008).
- 8 J Habermas, *The Theory of Communicative Action, Volume 2*, tr. Thomas McCarthy (Boston, Beacon Press, 1981), pp. 324–6.
- 9 See Chapter 1.
- 10 J Habermas, *The Philosophical Discourse of Modernity* (Cambridge, MA, MIT Press, 1987), pp. 1–22.
- 11 J Habermas, *The Theory of Communicative Action, Volume 2*, p. 326.
- 12 PA Komesaroff, *Objectivity, Science and Society*, pp. 144–8.
- 13 See PA Komesaroff, *Objectivity, Science and Society*, pp. 11–25; and M Horkheimer and TW Adorno, *Dialectic of Enlightenment* (London, Allen Lane, 1973).
- 14 See Chapter 1 for a fuller discussion of this subject; cf. also C Taylor, *Sources of the Self* (Cambridge, MA, Harvard University Press, 1989), pp. 76–7.
- 15 *ibid.*, pp. 89–90.
- 16 See PA Komesaroff, *Troubled Bodies*, pp. 2–5.
- 17 See Chapters 1 and 2; M Heidegger, *An Introduction to Metaphysics* (New York, Doubleday, 1959), p. 13. See also Nietzsche, *The Gay Science* (New York, Vintage Books, 1974).
- 18 E Levinas, 'Revelation in the Jewish Tradition', in EN Dorff and LE Newman, eds, *Contemporary Jewish Theology: A Reader* (Oxford University Press, 1999), pp. 164–78.
- 19 *ibid.*, p. 170.
- 20 G Deleuze, *Essays, Critical and Clinical*, tr. DW Smith and MA Greco (Minneapolis, University of Minnesota Press, 1997), pp. 107–114.
- 21 See A Lingis, *The First Person Singular* (Evanston, North-western University Press, 2007).
- 22 J-F Lyotard, *Postmodern Condition and Just Gaming* (Minneapolis, University of Minnesota Press, 1985), pp. 50–9.
- 23 See Chapter 2.