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Rejecting Medical Humanism: Medical Humanities and the Metaphysics of Medicine

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Abstract The call for a narrative medicine has been touted as the cure-all for an increasingly mechanical medicine. It has been claimed that the humanities might create more empathic, reflective, professional and trustworthy doctors. In other words, we can once again humanise medicine through the addition of humanities. In this essay, I explore how the humanities, particularly narrative medicine, appeals to the metaphysical commitments of the medical institution in order to find its justification, and in so doing, perpetuates a dualism of humanity that would have humanism as the counterpoint to the biopsychosociologisms of our day.

Keywords Medical humanities · Narrative medicine · Humanism · Anti-humanism

Introduction

It is virtually impossible to think without our thinking becoming almost immediately mechanical and instrumental. We already live inside a way of thinking that prevents us from thinking differently; not that thinking differently is an impossibility–just difficult. If we are to prevent all practices in medicine from becoming thoughtless, we must once again turn to thinking about doing. In order to achieve this, however, we must, paradoxically perhaps, realise that all thinking is also a kind of doing. The strict line between *theoria* and *praxis*, so prominent in the West, and the strict division between subject and object is a

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false one, but it is a division that continues to flourish in our concepts. These lines sit at the very heart of the West, if we are to believe thinkers like Nietzsche[1] and Heidegger;[2] or perhaps these lines between subject and object, *theoria* and *praxis,* are just an aberration of late Western Scholasticism[3] or are lines drawn at the Enlightenment.[4] If we accept Foucault's position, which does not preclude accepting any one of these possible origins of Western thinking, we know that there are various kinds of practices implicit in all theoretical endeavours, and at the same time, there are implicit theoretical stances in all that we do.

Yet, medicine as a discipline[5] is mostly concerned with the effects it brings about in the world and how to pragmatically produce or cause those effects in the world. It is perhaps in this sense that medicine has become thoughtless, as it is mostly about pragmatic doing, utilitarian maximisation, or efficient control. Medicine's metaphysical stance then is a metaphysics of efficiency, concerned with the empirical realm of effects and the rational working out of their causes. At least since Bacon, it has been understood that knowledge is power gained to relieve the human condition.[6] The purpose of knowing is to bring about effects in the world. Yet, medicine gives no thought to its metaphysics; it would even deny having one. Thus, for Western medicine, indeed perhaps all of scientific and technological thought, the important bit about the world is how to manipulate it in order to get the effects that we desire. It is in this sense that Eric Krakauer has said that medicine is the standard bearer of Western metaphysics.[7] The world stands before us as manipulable, and all thinking about the world becomes instrumental thinking.

Oddly enough, this instrumental thinking has also come to affect the calls for more humanities in medicine. The story goes something like this: We need the humanities in medicine because in some sense the humanities will once again humanise medicine. In other words, let's give medicine and medical students a dose of humanities so that medicine can become (once again?) humanistic.[8] To medicine and the medical humanities, man is *homo humanus*. In this essay, I will show that, first, the rationale behind the calls for more medical humanities as a means to create more empathic, reflective, professional and trustworthy doctors does not escape the problematic of instrumental and mechanical thinking, leading to an attitude of governmentality, and second, that if we look closely at those who would try to humanise medicine, we will find that they do not escape the dualism of Western thought. Adding humanism to efficient and mechanical humans—for the 'nature' of humans today is to produce in a machine-like manner—only perpetuates the idea that humans are the producers of meaning. It is no longer possible for that extra bit added onto humans to be a substantial soul or even a mind. The extra bit is the humanity of persons, or the narrativity of his or her story, that unthematised bit that cannot be reduced to his or her animality. Medical humanism does not escape the Western metaphysics of efficiency, and the call for medical humanities only acts as a compensatory mechanism for the mechanical thinking that has dominated and continues to dominate medicine.

Still, there is something more essential in the drive to humanise medicine, for it is also a drive to humanise man or woman, the animal. But oddly, it is in the fundamental impossibility of thinking the nature of man or woman that we encounter the human. For the engagement of the aporia at the heart of humankind, the animal-human, opens a space for us to once again think human being. However, we shall first have to abandon our drive for efficient and instrumental thinking in medicine—a drive that occludes thinking human being differently than the instrumental thinking of medicine. It is here that philosophical, literary, historical, anthropological and other traditions of enquiry can offer hope for human being, but not in the compensatory addition of the humanism of the humanities to the biologism of the scientists.

I should add that what follows, in a way, is an anti-humanism. This rejecting of humanism is not an embracing of the inhuman or a call for inhumane doctors. As Heidegger has said: "We are so filled with "logic" that anything that disturbs the habitual somnolence of prevailing opinion is automatically registered as a despicable contradiction."[9] Before we even embark on this journey, let us set aside such simple-minded assertions that what follows is a call for inhumanity. In fact, as someone who teaches medicine, philosophy, and ethics, I am engaged in the teaching of medical humanities. I am, therefore, not calling for the inhumane; I am asking that we stop perpetuating the Western metaphysics of efficient causality and think differently from the *theoria–praxis* divide and from the subject–object divide that dominates so much in the way of Western instrumental thinking. In medicine, we have not yet heard, let alone taken seriously, the critique offered by the 20th century phenomenologists, namely that the thinking of our being is essential to human being.

Humanities and the dose effect

To buy its legitimacy within the field of medical science, the humanities have often had to appeal to their effectiveness in making better doctors. For example, Rita Charon's is only the latest attempt to argue that we need longitudinal studies[10] to show the legitimacy of anecdotal evidence that doctors and students who study humanities might be more empathic, reflective, professional, and trustworthy.[11] While I am tremendously sympathetic to Charon's work, I use two of her papers as exemplars of work that do not escape the Western metaphysics of efficient uses of the humanities. She suggests that if we could just show that the students are made into better doctors—more professional doctors—because of an humanities education, then we will have succeeded in showing that, even while the positive claims of humanities disciplines themselves may not be scientific, at least scientifically based education research can demonstrate positive effects of the humanities. Every type of thinking must stand before the judgment seat of science.

Indeed, Charon has called for an entire research programme on the effectiveness and uses of narrative medicine.[12] She writes:

> Adding to the early evidence of the usefulness of narrative practices, rigorous ethnographic and outcomes studies using samples of adequate size and control have been undertaken to ascertain the influences on students, physicians, and patients of narrative practices. Along with such outcomes research are scholarly efforts to uncover the basic mechanisms, pathways, intermediaries, and consequences of narrative practices, supplying the "basic science" of theoretical foundations and conceptual frameworks for these new undertakings.[13]

The idea is that we need to see the effectiveness of narrative practices through the assessment of outcomes. Two things will result from these data. First, deans will no longer be able to preclude humanities education, and second, we will have more humane doctors.

Such thinking betrays what is central to the current scientific and evidence-based climate in medicine, illustrating the dominance of *theoria* in medical science—*theoria* directed towards effective practice. If you can do things in the world with your theory, then the theory must be true. Still, the need for scientific legitimation of the humanities through educational assessments only betrays the governing principle of all science—effective manipulation of the objects of the world. Heidegger makes the point more clearly:

> [B]y the assessment of something as a value what is valued is admitted only as an object of man's estimation. But what a thing is in its Being is not exhausted by its

> being an object, particularly when objectivity takes the form of value. Every valuing, even where it values positively, is a subjectivizing.[14]

Thus, assessment only takes what we subjectively hold as a value and invests that value in an object. Assessment takes an object and subjects it to our valuing. Thus, the drive for scientific investigation of humanities education is still the manipulation of objects by subjects. In fact, it is the drive to uncover the effects of humanities on students—the very desire of technical mastery itself—that conceals what is done by the thinking of the humanities—a point to which I shall return later.

At the 5 September 2006 Association of Medical Humanities meeting in London (the United Kingdom's version of American Society for Bioethics and Humanities), a plenary paper was delivered in which the speaker talked about a tragic case from Texas in which the doctors were castigated for their narrative incompetence. At the risk of caricaturing her comments, it was as if the speaker were saying: "If only they had had courses in literature and medicine, or narrative medicine, and other humanities type courses, such tragedies would never happen." This theme of how the humanities might save medicine seemed to run throughout the conference though there were voices at the meeting calling for pauses, caution, and reasoned scepticism.

There is an increasing literature on narrative competence and its necessity in a more humane medicine. For instance, Charon writes:

> Along with the scientific ability, physicians need the ability to listen to the narratives of the patient, grasp and honor their meanings, and be moved to act on the patient's behalf. This is narrative competence, that is, the competence that human beings use to absorb, interpret, and respond to stories.[15]

Her appeal to the dominant language of competency in medicine offers narrative as a new framework or model for more responsible biopsychosocial medicine or a patient-centred medicine. Charon has been one of the most active advocates for narrative competence, suggesting that narrative competence "enables the physician to practice medicine with empathy, reflection, professionalism, and trustworthiness. Such a medicine can be called *narrative medicine*."[16] She further claims that narrative medicine improves the effectiveness of doctors' work with "patients, themselves, their colleagues and the public."[17] She continues:

> From the humanities, and especially literary studies, physicians can learn how to perform the narrative aspects of their practice with new effectiveness. Not so much a new specialty as a new frame for clinical work, narrative medicine can give physicians and surgeons the skills, methods, and texts to learn how to imbue the facts and objects of health and illness with their consequences and meanings for individual patients and physicians.[18]

While I am certainly open to this as a possibility, two implicit, and much more important points come into relief here. First, the notion of effectiveness suggests that narrative medicine and the humanities generally must improve the instrumental role that doctors fulfil if humanities are to be valued. Second, there is a distinction made between the facts and objects of medicine and the meaning attributed to those facts and objects. We are left with a dualism, not the usual mind–body dualism, but a dualism of meaning and material. These two points are not separated but are linked together by the Western metaphysics of efficiency, which has objects standing in reserve waiting for human manipulation, points made by thinkers like Heidegger and Derrida.

On the Western metaphysics of presence, objects are those beings that impress themselves upon subjects. Western "'logic' and 'grammar' seized control of the interpretation of language," resulting in instrumental thinking.[19] Subjects are those beings that manipulate the objects to bring about desired effects. The world becomes that which can be exploited to achieve whatever it is that we—the subjects—will or desire. Objects are manipulated by mind and are parsed into categories for the purposes of classification and intellectual manipulation. Objects, at best, become invested with meaning and carry no meaning in themselves. Yet, critiques offered by Foucault and others have pointed out that objects become objects because of a certain stance held by the subject. The subject, then, subjects the object to its manipulation. That manipulation need not be merely manipulation of the physical matter of the object but a subjugation of the object by the mind of a subject. The strict categorization of *theoria* is no less a subjugation of an object by the subject than material subjugation and manipulation because the object is forced into, subjected to the categories of *theoria*.

Taken to the realm of medicine, our objects are patient to the gaze of a subject, as Foucault suggests in his *Birth of the Clinic*.[20] Our patients are truly patient to the manipulation of a subject. We certainly do manipulate the bodies of our patients—our objects—but we do not become less manipulative if we merely subject patients to diagnostic categories. The disability rights community continues to make this point to the medical community,[21,22,23] a point which the medical community continually fails to hear. It is often the group that is being assailed through medical categorization that makes the point that they are oppressed, subjected to the violence of the dominant group. In this sense, medicine necessarily manipulates its objects, its patients even when it only does so through placing people into diagnostic categories, categories that are often resisted by oppressed groups.

Yet, the humanistic disciplines will claim that they have been calling for different paradigms of caring such as the biopsychosocial model of medicine or patient-centred medicine and do not succumb to critiques of categorization. But, insofar as the humanities must show effectiveness, the medical humanities do not escape instrumental thinking about humans. Indeed, it is precisely because humanism is added to the biologism of medicine that it consummates its metaphysical relationship to medicine by asserting its usefulness to medicine. In a way, narrative medicine becomes a tool that gains the trust of a patient, a more subtle tool because it masquerades as authentic relationship.

Homo humanus

While no self-respecting humanist would ever concede that she is about the efficient manipulation of patients, the humanist sentiment betrays our beliefs about the essence of human beings. There is an implicit anthropology in medicine. By anthropology, I do not mean the scientific discipline of cultural anthropology, but an implicit position on the nature of humans and also a philosophical stance taken to the study of humans by medicine. Thus, by anthropology, I mean the *logos* about *anthropos* uncovered by the medicoscientific investigation of humans, including the psychological, social, and even spiritual investigation of them. There is an implicit philosophical anthropology in medicine's study of humans, and that philosophical stance is that a human is the animal-machine in need of something else.

In the history of philosophy, a human has been the wise or rational animal, *homo sapiens*. In *The Open,* Giorgio Agamben attempts to trace our thinking about humans,[24] always the animal with something added on—the soul, the mind, the angelic, the divine

spark that makes him or her more than mere animal. Where prior to the Enlightenment, thinkers would have referred to the substantial soul as the extra bit added on, after the Enlightenment the notion of soul has become suspect. Beginning at least since Descartes, it has been the mind that adds the substantial extra bit to the animal mechanism making us human. Yet, in our time, mind itself has become eliminated for the materialist position. Man and woman are truly animal, and all his or her mental states, such as feelings, beliefs, and perceptions—even pain itself—have no existence outside of their neurological correlates.[25] The really real aspects of the neuro-medical construction of the mind are the meat and mechanism of the brain.

No doubt, those of us who have practiced medicine will find such a neuro-medicalised human a bit cold. Throughout recent medical history, there have been attempts to add something to the mechanism in order to save the human from his/her animal 'nature.' This addition is clearest in the addition of the *psyche*. Yet the entire Freudian and post-Freudian heritage does not escape a mechanical construal, since even the metaphors for the *psyche* are a set of drives that engage action and pressures that must be released or result in explosive catastrophes, all lining up along the metaphorical lines of the steam engine. In the 1970s, George Engel called for a new model for the doing of medicine, a biopsychosocial model.[26] Thus, a human being is the sum total of his or her biology, psychology, and sociology; yet, there is no sense that he or she can rise above the discourses created by the biological, psychological, and sociological sciences. Engel even articulates a scientific research programme in his landmark essay. Man remains a biological being with the addition of a psychological and sociological overlay. In addition, the patient-centred model of medicine is little more than an attempt to add agency back to the passive patient, so that she can counter medical domination, allowing the agent-patient to bring about the effects that she desires. Engel's biopsychosocial medicine has become a biopsychosociologism.

The point is that the error of biologism (or a biopsychosociologism) is not "overcome by the adjoining a soul to the human body, a mind to the soul... and then louder than before singing the praises of the mind."[27] Nor is it possible to save our humanity through the addition of soul or narratives. In other words, the various humanisms, from Greek to Roman to Christian to Renaissance to Hegelian to Marxist, and even medical humanism, do little more than change that which is added onto the animal or reverse the directionality of agency. Heidegger continues:

> Just as little as the essence of man consists in being an animal organism can this insufficient definition of man's essence be overcome or offset by outfitting man with an immortal soul, the power of reason, or the character of a person.[28]

Or, I would add, by adding on a narrative overlay or through the investment of meaning into a pre-existing mechanism. The adding on of the something more does not in any way allow us to think human being.

If the neuro-medical conception of the human does not capture the true nature of human being, and if the psychological and/or sociological sciences do not humanize the concept of neuro-medical man, the perhaps the humanities themselves can do so. Why not think of man and woman as the narrative being?[29] "Sickness and healing are, in part, narrative acts."[30] While nowhere in her two essays does Charon claim that there is something essential to humans that is itself narrative, there is in her work, as well as a myriad of other works on narrative medicine,[31,32,33] an implicit anthropology—a sense that the being of humans is the production of language, and in language what is produced is meaning. The act of writing itself, the narrative act, is a production that invests the biological—that is to say, the really real part of a human being—with meaning. And we are somehow to believe

that this investment of meaning prevents biologism, or biological reduction, and even the reduction of biopsychosocial medicine.

There are two problems here: first, the divide. We name the real, scientific part—the biology—of a human being as his or her essence and the rest of it is the story we tell ourselves about that being. On this construal, the narrative is little more than a lie that comes to dangle from the real mechanism, as is the not uncommon position held by some neuro-philosophers like Paul Churchland.[34] As far as the scientific/mechanical (neuro-medical) construal goes, the medical humanities deal with the lies that we tell ourselves; or perhaps painting it in a more positive light, the medical humanities deal with the mythical truths that we tell ourselves about the miserable condition of the real mechanism doomed to play itself out in death. The mythical truths are just the thin overlay that covers over the stark reality of the really real mechanism—the "facts and objects" of medicine, as Charon puts it.[35]

Meaning is kept separate from the object. The subject, the writer of one's own story, only invests meaning in the really real objects. The "facts and objects"[36] of medicine are invested with narratively produced meaning. The problem remains that the thinking of our being remains both dualistic and mechanical: dualistic, because objects are invested with meaning; and mechanical, because as noted earlier speaking and writing is modernity is about subjects and objects, about mastery and control. Language and narrative—like thinking—have become little more than instrumental.

According to Heidegger, this grammar of Being, which dates back to the earliest of Occidental philosophy, has resulted in a kind of instrumentalisation of language, and the instrumentalization results in the vast divide between thinking and Being that has plagued the West—a gap most acutely articulated by Kant. The subject, the transcendental ego, writes her own stories and, in writing, invests the objects of medical science with meaning, thus perpetuating the subject–object divide and the *theoria–praxis* divide. Current thinking on humanities as a panacea for medical education and the means to recapture a lost humanity—the addition of a narrative humanism to a neuro-medical biologism—does little more than to accept the dominant mode of instrumental thinking and to offer a different way of knowing (mostly in its methods of knowing and not in the content of knowledge) as a means to attenuate all the problems that arise out of instrumental scientific thinking.

Yet, the humanist will no doubt counter, "Yes, but one cannot ignore the overlay and expect to get anywhere with patients." If this is the case, the humanities then are about little more than control and mastery. Charon states that, through empathic listening, the physician can identify the meaning narratively produced, to better relieve that which ails the human condition.[37] A certain kind of trust is established so that the physician can get the whole story, which might reduce costs and improve diagnostic acumen. In short, the "therapeutic relationship might be shallow and ineffective,"[38] if doctors do not attune to the mysteries of narrative. The meaning garnered through narrative medicine then becomes the mechanism of increased effectiveness. If we know our patients at their deepest spiritual levels, they are much more likely to do what we need them to do, as noted by Hamilton.[39]

Of course, no trustworthy physician, like Charon, ever intends manipulation. Yet, this point reveals the significance and subtlety of power as articulated by Foucault. Power is written into the very fabric of our relationships to ourselves, to others, and to social institutions. It is in this sense that Foucault calls humanism the "little prostitute" of the various -isms, from Marxism to existentialism.[40] Medical humanism, like all other humanisms, promises intimacy, but is really about control. The use of the humanities as a means to re-instill mechanism with humanism succumbs to what Heidegger refers to as the instrumental use of language: "[L]anguage surrenders itself to our mere willing and trafficking as an instrument of domination over beings." [41]

In efficient society, there is no outside of power and biopolitics.[42] Medicine as an institution necessarily creates these kinds of effectual relationships and is doomed to repeat them in the neuroses of modernity through its language.[43] Subjection and objectification are the necessary conditions for the kind of medicine that is practiced today in the West; humanism is the add-on that makes the power more palatable. However, it does not escape the metaphysics of efficient causation, and the desire of efficient control. Narrative is an instrument of manipulation on Charon's account, even though that is not what she intends.

While later Foucault no longer sees power as merely repressive but instead as the condition for possibilities of new freedoms and vitalities, Giorgio Agamben has challenged this thinking, asking the question whether all forms of biopower/biopolitics result in the totalitarianisms of the 20th century. Agamben even goes so far as to suggest that medicine is one of the totalitarianisms.[44] As with all political philosophies since at least Thomas Hobbes, we are dealing with power and forces to control the material animality of human beings. The medical humanities and narrative medicine are just the latest, and a more palatable means of control, of acknowledging the narrative overlay, the mythic cover, in order to master the material beneath. Thus, the narrative overlay becomes the tool by which the doctor can sway a patient, to make him or her feel better, to create a therapeutic relationship; indeed, narrative sensibility becomes a therapy itself. The usefulness of humanism is precisely about efficient control of the bodies—the animality—of the body politic, even while humanism thinks of itself as being about emancipating and liberating.

"A merely cultivated use of language," through a narrative medicine, "is still no proof that we have as yet escaped the danger to our essence."[45] Can we just add the humanities or narrative to human beings in order to make them human? We have not even begun to construe what the humanities are saying to medicine if we cannot define how they make doctors human, let alone make the object of medicine human. And the claim of humanistic emancipation from our animal nature becomes the more subtlely seductive and more dangerous means of mastery and control. It is odd to think that beings—whether the subject (the doctor) or the object (the patient) of medicine—can be made human and free of their animality through the addition of narrative humanism: *homo humanus*.

The anti-humanist turn

I have perhaps overstated my case, for it is in the traditions of inquiry of the humanities wherein I think the hope of medicine lies. As Heidegger points out: "Language is the house of Being. In its home man dwells."[46] Indeed, Charon not only implies that a human is the kind of being who speaks and writes, she lives it in her work and in her writing. In writing, something is unconcealed for Charon, to use Heideggerian language. I do not doubt the integrity of the pursuit of writing as engaged by Charon. And it is not just that in writing or thinking that something else, something irreducible, is added onto man to create his humanity. In other words, as suggested by Heidegger, a human is the being who thinks his or her own being. It is in thinking of his or her being that man or woman becomes human being. Human being is the thinking of being; and that is what human being does.

It is in this sense that the biology is secondary to the thinking that uncovers the biology. Thus, all of scientific investigation, if it can escape its efficiency mindedness, is also the thinking of being, but it is the thinking itself that is both most primordial and reaches its highest fruition. Thus, when the humanities are doing what they do, they are in a way showing that human beings can never be objects of manipulation but are the very beings who think their own being, biology being one of those modes of thinking being, literature

being another. And Charon is perhaps closest, if also the furthest away, because as Heidegger says, "language is the house of Being."

Deleuze writes that philosophical writing is always a kind of science fiction. I would claim that all writing is a kind of science fiction:

> How else can one write but of those things which one doesn't know, or knows badly? It is precisely there that we imagine having something to say. We write only at the frontiers of our knowledge, at the border which separates our knowledge from our ignorance and transforms the one into the other. Only in this manner are we resolved to write. To satisfy ignorance is to put off writing until tomorrow—or rather, to make it impossible.[47]

In a way, then, it is precisely the aporia that is a human, the drive to oppose his or her animality with his or her divinity, that, at the same time obscures our thinking and writing about humans, but also makes possible the unfolding of being. This endeavour is on many levels not the work of medicine or the work of the humanities. And yet, at the same time, it is the work of medicine and the humanities because it is the work of human being to uncover what remains obscure—what always and necessarily remains obscure. Or to turn to Heideggerian language, the work of human being is to unconceal what is concealed, not as if it has captured once and for all the nature of human as *homo sapiens*, or *homo humanus*, or the narrative being, but as itself the unfolding of the being of human, of human being.

Medicine then is one of many endeavours of Being, of the writing of human being. For our purposes, the humanities have offered themselves as a remedy for the sickness that plagues the biologisms of modern medicine. My critique has been that medical humanism in its narrative iteration offers itself—in a mechanical way—as the remedy, as the dose necessary for the health of the medical professional or as an inoculation to prevent doctors from becoming bitter and angry that they are little more than mechanics. Those in the medical humanities think they have failed because they have not been able to raise themselves to the bar of science whose objects can be translated into measurable and thus knowable things. In trying to justify themselves through appeal to the metaphysics of medicine, the metaphysics of efficiency, the medical humanities have already lost the day, for this approach does not think of doing as a kind of thinking or thinking as a kind of doing. The gap between *theoria* and *praxis*, between subject and object, remains and is perhaps even more discernable as the abyss that we have created, through our instrumental thinking.

Heidegger states:

> Thinking accomplishes the relation of Being to the essence of man. It does not make or cause the relation. Thinking brings this relation to Being solely as something handed over to it from Being. Such offering consists in the fact that in thinking Being comes to language. Language is the house of Being. In its home man dwells. Those who think and those who create with words are the guardians of this home.[48]

Certainly there is more to the importance of education in medical humanities than the *mere* demonstration of an effect caused by exposure to humanistic disciplines. After all, it may be that it is the fundamental inefficiency of the humanities that creates the condition for the possibility of human meaning and human being.

The medical humanities must also resist becoming an eloquent compensation for the biopsychosociologisms of our day; it must even resist becoming a bionarrativist medicine, a bionarratology, a bionarrativism. After all, it may be that we find human being at the margins of what it is always a struggle to say, which, at the same time, must be said, and

can never be said. The humanities might save medicine but not by making it more effective at manipulating its biological objects—namely, patients. Doctors just might find themselves called into being, calling into being there with (*Mitdasein*) the other. Doctors might find that, instead of constituting their objects by placing them into the theoretical categories of medical science, they themselves are constituted by the other that calls them out of their objectifying and categorizing stupor. It is perhaps in being there with the other that human being appears for the first time, and perhaps even more so when being there with the other is both inefficient and ineffective, when the metaphysics of efficiency collapses. And it is here that the humanities bring something radically different to medicine because the humanities can show medicine that its language about biological being is already a language within which the biopsychosociologisms live, a language that mediates, perhaps even distorts, the being of patients.

Endnotes

1 F Nietzche, *The Birth of Tragedy*, eds. R Geuss and R Speirs (Cambridge: Cambridge University Press, 1999).
2 M. Heidegger, *Being and Time*, trans. J. Stambaugh (New York: SUNY Press, 1996), pp. 67–71.
3 J Milbank, *Being Reconciled: Ontology and Pardon* (London: Routledge, 2003).
4 A. MacIntyre, *After Virtue*, 2nd Edition (Notre Dame: University of Notre Dame Press, 1984). See also his *Three Rival Versions of Moral Inquiry: Encyclopedia, Genealogy, and Tradition* (Notre Dame: University of Notre Dame Press, 1990).
5 I mean discipline in the Foucauldian sense, as in those who discipline.
6 F. Bacon. *The New Organon*, eds. L. Jardine and M. Silverthorne (Cambridge: Cambridge U Press, 2000), pp. 60, 221.
7 E. Krakauer, "Prescriptions: Autonomy, Humanism, and the Purpose of Health Technology," *Theoretical Medicine and Bioethics*, 19: 535.
8 See A. Bleakley, R. Marshall, and R. Bromer, "Toward an Aesthetic Medicine: Developing a Core Medical Humanities Curriculum," *Journal of Medical Humanities* 27 (4): 197–213 as a counterpoint to this dose mentality.
9 M. Heidegger, "Letter on Humanism," in *Basic Writings*, ed. DF Kreli and trans. F.A. Capuzzi (New York: Harper and Row, 1977), p. 250.
10 R. Charon, "Narrative Medicine: Form, Function, and Ethics," *Annals of Internal Medicine*, 134 (1): 83–87.
11 R. Charon, "Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust," *Journal of American Medical Association*, 286 (15): 1897–1902.
12 Ibid, p. 1900.
13 Ibid, p. 1901.
14 Heidegger, "Letter on Humanism," p. 251.
15 Charon, "Narrative Medicine: A Model for Empathy," p. 1897.
16 Ibid, p. 1897.
17 Ibid, p. 1898.
18 Ibid, p. 1898.
19 Heidegger, "Letter on Humanism," p. 218.
20 M. Foucault, *The Birth of the Clinic: An Archeology of Medical Perception*, trans. AM Sheridan Smith (New York: Vintage Books, 1973).
21 JP Bishop, "The Broken Body and the Disabled Body: Reflections on Disability and the Objects of Medicine" in *Theology Disability, and the New Genetics: Why science needs the church*, edited by John Swinton and Brian Brock (London: T and T Clarke, 2007).
22 C Newell, "Disability, Bioethics, and Rejected Knowledge," *Journal of Medicine and Philosophy* 31 (3): 269–283.
23 T Koch, "Bioethics as Ideology: Conditional and Unconditional Values," *Journal of Medicine and Philosophy* 31 (3): 251–267.

24 G Agamben, *The Open: Man and Animal*, trans. K Attell (Stanford: Stanford University Press, 2004).
25 P Churchland, *The Engine of Reason, The Seat of the Soul: A Philosophical Journey into the Brain* (Cambridge: MIT Press, 1995).
26 GL Engel, "The Need for a New Medical Model: A Challenge for Biomedicine," *Science* 196 (4286): 129–36.
27 Heidegger, "Letter on Humanism," p 228.
28 Ibid, p. 229.
29 S Crites, "The Narrative Quality of Experience," *Why Narrative? Readings in Narrative Theology*, eds. S Hauerwas and LG Jones (Grand Rapids: Wm. B. Eedrmans, 1989), pp. 65–88.
30 Charon, "Narrative Medicine: Form, Function, and Ethics," p. 83.
31 R Charon and M Montello, *Stories Matter: The Role of Narrative in Medical Ethics* (London: Routledge, 2002).
32 HL Nelson, ed., *Stories and Their Limits: Narrative Approaches to Bioethics* (London: Routledge, 1997).
33 T Greenhalgh and B Hurwitz, *Narrative Based Medicine: Dialogue and Discourse in Clinical Practice* (London: BMJ Books, 1998).
34 Churchland.
35 Charon, "Narrative Medicine: A Model for Empathy," p. 1898.
36 Ibid, p. 1898.
37 I am referring to Bacon's famous saying that the benefit of humankind is the purpose and round of all science.
38 Charon, "Narrative Medicine: A Model for Empathy," p. 1899.
39 DG Hamilton, "Believing in Patients' Beliefs: Physician Attunement to the Spiritual Dimension as a Positive Factor in Patient Healing and Health," *American Journal of Hospice and Palliative Care* 15 (1998): 276–9.
40 As translated and quoted by J Faubian in the general introduction to Foucault's *Death and the Labyrinth*. (London: Continuum, 2004). Bottom of page xix, footnote.
41 Heidegger, "Letter on Humanism," pp. 228–229.
42 JP Bishop and F Jotterand, "Bioethics as Biopolitics," *Journal of Medicine and Philosophy* 31 (3): 202–212.
43 See Foucault, *Birth of the Clinic* and M. Foucault, *The Order of Things: An Archaeology of the Human Sciences* (New York: Random House, 1970).
44 G Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. D Heller-Roazen (Stanford: Stanford University Press, 1999).
45 Heidegger, "Letter on Humanism," p. 222.
46 Ibid, p. 217.
47 G Deleuze, *Difference and Repetition*, trans. P Patton (London: Continuum, 1994).
48 Heidegger, "Letter on Humanism," p. 217.