

Darian Meacham *Editor*

Medicine and Society, New Perspectives in Continental Philosophy



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Chapter 1

Introduction

Darian Meacham

It usually falls to an introduction such as this to explain the *what* and the *why* of the volume: what is contained in the contributions and why it is important. In this instance the two are more or less the same. What distinguishes “continental” approaches to bioethics and philosophy of medicine is precisely the reason why there is value in highlighting such approaches. Before elaborating on that rather vague contention, I would first like to say something briefly about how this volume came about. In 2012 I organized, together with Havi Carel, a series of public seminars on the rather broad theme of “Medicine and Society.” These took place in Bristol (UK), with the generous financial support of the Royal Institute of Philosophy and an Early Career Researcher grant that I had received from the University of the West of England. Some of the participants in that seminar series have also been kind enough to contribute to this volume: Niall Keane, Eran Dorfman, Christien van den Anker and Havi Carel. It is safe to say that the seminar series had what one might call “continental leanings,” meaning that nearly all of the participants approached the issues in bioethics and philosophy of medicine that they addressed with a perspective that was at least grounded in what could loosely be called continental philosophy. To be more specific, the participants approached the subject matter(s) at hand, to a greater or lesser degree, from within the varying conceptual frameworks of the phenomenological, hermeneutic, French epistemological, and post-structuralist traditions. The positive reception that these seminars received both from fellow academics and members of the interested general public convinced me of the value of showcasing the diversity of approaches and depth of analysis with which philosophers working with a background in continental philosophy address a wide range of problems pertaining to the relations between medicine and society. I should add a disclaimer that certainly not all of the philosophers who have contributed to this volume would accept the label of “continental philosopher,” but certainly all of the

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contributions have a grounding in continental philosophy—more on that in a moment. Happily the series editors of *Philosophy and Medicine* agreed that such a volume would be a good idea. The initial plan was to take a specific set of problems prevalent in the current Anglo-American dominated bioethics discourse and ask philosophers who approached these problems from continental perspectives to address them. It was a good plan, but getting philosophers to move in an assigned direction is like herding cats. The initial plan also allowed the structure of the volume to be determined by a set of problems and philosophical frameworks that philosophers coming from a continental approach often wished to challenge. What I ended up with is in fact much more illustrative and representative of the breadth and depth of the emerging field(s) of continental bioethics and philosophy of medicine than the plan I had initially envisioned, for this I am grateful to the un-herdable contributors. The hope for this volume is that it can provide a kind of handbook illustrating the ways in which problems in bioethics and philosophy of medicine are currently being treated from within the continental traditions. In this sense, this volume follows in the footsteps of S.K. Toombs's *Handbook of Phenomenology and Medicine* (Springer 2002), which appeared in this series over a decade ago—although the present collection has a broader scope of philosophical approaches. In doing so, this volume hopefully adds to a growing and impressive body of work in this area.

There is something of an elephant in the room that needs to be tackled before we move on: the infamous analytic-continental distinction in philosophy. This is not the place and I am not the person to be partisan about this distinction, and anyway one hopes that it carries less weight than it once did. Suffice to say that it may not be crazy to suggest that analytic philosophers might sometimes do well to pay more attention to the historical development of the problems they are working on, pay more heed to concrete social and political embeddedness of these problems, the subjects or persons they pertain to and the people that write about them, and finally, and this is a bit more specific, recognize the importance of the body in our relations with the world around us and with others—all things associated with more continental approaches. To stick with rather hackneyed distinctions, it would probably not hurt some continental philosophers to remember that they are working on problems, not reporting on a tradition. All philosophers, but perhaps especially those who consider themselves continental ones would do well to be rigorous not only in the careful attention to the historical development of problems but also in conceptual analysis and careful drawing of distinctions. The “analytic” emphasis on clear argumentation and careful clarification is of course valuable for all types of philosophy. All of the contributions here embody, I think, the best aspects of both traditions.

One area of supposed difference between continental and analytic philosophy that is of particular importance to bioethics and philosophy of medicine, as they bear such a close relation to the medical and technological sciences, is their general methodological relation to the natural sciences. Though it is by no means fair to apply this as a blanket statement, it does seem safe to say that generally speaking, analytic philosophy often sees itself as continuous with the natural sciences, which in their methodology present the most accurate manner of understanding phenomena. The task of philosophy is often understood as, if not being contiguous with

the natural sciences, then being one of helping to clarify through logical analysis the methodology, goals and findings of the natural sciences. This leads into sticky situations when dealing with traditional areas of philosophy that the natural sciences cannot account for, namely consciousness and ethics, the latter of which a colleague of mine, Iain Hamilton Grant, astutely refers to as the “acceptable face of anti-scientific realism.” This is not the venue for diving into the deep end of either the hard problem of consciousness or the difficulties of the various forms of ethical naturalism. What is relevant in this context is the perception that continental philosophy has a very different but not necessarily less friendly relation with the natural sciences. For example, Georges Canguilhem, whose influence is felt throughout this volume, was also a medical doctor and certainly considered himself not just a man of science but a naturalist. It does seem fair to say however that continental philosophy, generally speaking, argues that the natural sciences are grounded in pre-theoretical conditions of givenness, as in various versions of Kantian transcendentalism or phenomenological notions of the “lifeworld.” The Kantian project and the phenomenological one that grew out of it both sought to locate a firm transcendental ground for the natural sciences. This idea of the need for a proper ground of the natural sciences that would account for and be aware of the various presuppositions that natural scientific inquiry often took for granted persisted through historicist, post-structuralist and also feminist encounters between science and continental philosophy. However, as Gilbert Hottois and Charles Wolfe point out in this volume, there has long been a close relation between the French “biophilosophy” of Georges Canguilhem, Gilbert Simondon and Raymond Ruyer, and the biological and medical sciences. Maurice Merleau-Ponty, perhaps the most important representative of the phenomenological tradition in relation to philosophy of medicine, owing to his phenomenological accounts of the body and the ill body in particular, was greatly influenced in his early work by the German neurologist Kurt Goldstein, and later by biologists like Jakob von Uexküll, Konrad Lorenz, and E.S. Russell as well as Ruyer. Where the continental approach perhaps differs from the analytic *vis-à-vis* the natural sciences is that rather than seeing philosophy as playing a complementary or clarifying role in relation to the findings of the natural sciences, continental approaches have seen their role as participating in the foundationalist project of the sciences, in other words establishing what is, as well as critiquing the methods of the sciences. As Canguilhem writes in his essay “Machine and Organism”: “Far from coming belatedly to occupy an abandoned viewpoint, philosophy points science toward a position to take.” This is the case with the phenomenological projects pursued by Edmund Husserl and Merleau-Ponty in critiquing what they took to be a naïve foundationalism that can pervade scientific discourse. It is also the case with the post-structuralist critique of knowledge one finds in Michel Foucault or feminist critiques from philosophers like Evelyn Fox Keller and Donna Haraway. As the chapters that begin (Hottois) and end (Allouche) this volume attest and implore, philosophy should not shy away from what might even be called a speculative stance *vis-à-vis* technoscience—though I am relatively certain that not all the contributors in between would agree.

What is it then that distinguishes, more specifically, continental approaches to bioethics and philosophy of medicine from the dominant Anglo-American or analytic approaches? It is of course best to let the contributions speak for themselves, but a few markers are worth pointing out. First and foremost is the emphasis on the body, and particularly the lived-body as it is developed and explored in the phenomenological tradition. Though as Slatman and Widdershoven point out in their contribution, the idea of the lived-body as developed in the phenomenological tradition can be traced back to the early nineteenth-century French philosopher Maine de Biran—something that the phenomenologists were certainly aware of. From our current perspective, the analyses in the Second Book of Edmund Husserl's two volume *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy, Studies in the Phenomenology of Constitution* ([1952] 1989) and in Merleau-Ponty's magnum opus *Phenomenology of Perception* ([1945] 1962) are particularly important here. But foundational phenomenological study of the body cannot be limited to these two thinkers. Jean-Paul Sartre's *Being and Nothingness* ([1943] 1957) contains a lengthy analysis of the body in what he calls its three ontological dimensions (my body-for-itself, my body-for-others, and myself as a body known by the other). Martin Heidegger, often criticized for ignoring the body, also offers important considerations about the role of the lived-body (see Niall Keane's and Eran Dorfman's contributions). What these studies of embodied subjectivity emphasized was that the body was anything but a passive receptor of sensory impressions controlled by a disembodied (Cartesian) subjectivity. Rather, the lived-body, the body as experienced, plays a central role in constituting how it is that the world appears to the subject. In short, the body's movement in the world is itself generative or constitutive of meaning at the most fundamental level for the subject. This has an obvious importance for the way that we think about the impact that illness and bodily impairment have on the person or subject as a whole. A change in the structure of or capacity for bodily movement brought about by illness or injury does not just affect a regional change in the subject's experience of the world. Rather the centrality of the body to the constitution of a meaningful world means that a change to the physical and hence lived-body changes the subject's world from the bottom up. Often this results in a limitation of the body's own tacit "understanding" of its range of possibilities. This is explored at length in the second part of this volume.

The importance of the body is not limited to phenomenological approaches. Georges Canguilhem, whose thinking is often separated from phenomenology as the philosophy of the concept opposed to the philosophy of experience (a perhaps overly sharp distinction made by Canguilhem's student Michel Foucault), also places emphasis on embodiment, namely on the lived experience of the patient. Canguilhem writes in his seminal work *The Normal and the Pathological* ([1943] 1966): "the life of a living being [...] only recognizes the categories of health and illness on the level of experience, which is first of all an *épreuve* in the affective sense of the term—not on the level of science." Perhaps the distance between Canguilhem's philosophy of the concept and the phenomenological philosophy of experience is not as great as it is sometimes made to seem.

The emphasis on embodiment has important consequences for the understanding of the person, the subject, and ultimately consciousness. As consciousness cannot be separated from embodiment, the subject or person cannot be abstracted out from its environment and social historical context. The autonomous rational subject—the Cartesian subject—is by this account a myth. Thinking about ethical issues in the context of medicine or any other intervention or action upon the body cannot be grounded in the idea of an autonomous rational ego or subject precisely because such an entity does not exist. The being of the subject in question is bound up not only with its embodiment but also the relations that it has with other subjects, with whom it co-constitutes a shared world, and the social and historical context that the subject is “thrown” into or inherits. It could be argued that the myth of an autonomous rational subject is in fact part of the social-historical context of our modern embodiment, but one that does not fit well with the foundational account of an embodied and indeed intersubjective subjectivity that phenomenological analysis claims to provide. This is precisely what Lisa Guenther (Chap. 13) claims that the study of persons subjected to long stints of solitary confinement illustrates to a horrifying degree. The lived-body of phenomenological analysis is of course not the last word in the embodiment story. As Corry Shores (Chap. 16) argues, it is precisely the conceptual and phenomenological investigation of embodied cognition that suggests moving from an “organic” idea of a lived-body, epistemically available only to the subject herself, to a mechanic model of the body. The questions and debates opened up and explored in this volume are far from closed and the goal here is to tap into and open up to a wider readership the rich resources that the “continental” tradition provides in exploring what are surely some of the most fascinating questions in bioethics and philosophy of medicine today.

The volume is organized into five sections that break along thematic and methodological lines. Section one, “Figures and Grounds: Continental Approaches to Bioethics and Medicine,” begins with a rather personal essay by Gilbert Hottois entitled, “Defining Bioethics.” Hottois is one of the pioneers of what can be called (a bit coarsely) continental approaches to bioethics. As he explains in his contribution (Chap. 2), his approach is deeply influenced by his reading of Heidegger’s work on “The Question Concerning Technology” (*Die Fragenach der Technik*) as well as a general grounding in the continental tradition of philosophy. For Hottois, there can be no separation between bioethical inquiry and that surrounding the neologism “techno-science.” Hottois’s approach also sets him apart from much of the mainstream work in Anglo-American bioethics insofar as it is not limited to reflection on problems concerning medical practice, but has as its object a radically broader context, which includes the eventuality of the human species departing planet Earth and engaging in what he calls “cosmic-prospecting.” Hottois remains nonetheless attentive to the Anglo-American traditions of bioethics. He reflects on his own development alongside critical reflection on the work of H. Tristram Englehardt and Van Rensselaer Potter, two central figures in the development of Anglophone bioethics. Hottois finds a significant degree of affinity between his own approach and Potter’s, while remaining attentive to the operative differences. Widely known for his work on philosophy of technology and bioethics in the

French speaking (and Spanish speaking) world, this is the first time that Hottois's work has been translated into English. The other essays in the section critically develop the approaches taken toward bioethics and philosophy of medicine by four other extremely important philosophers in the continental tradition: Hans Jonas, Hans-Georg Gadamer, Jürgen Habermas and Jacques Derrida. Both Jonas and Gadamer were students of Heidegger prior to the outbreak of the Second World War, and were deeply influenced by his work, perhaps most significantly by the importance that Heidegger placed on *Dasein's*—what we can, not at all unproblematically, the human being's—being toward death in his fundamental ontology. Jonas's work on philosophy of technology also reflects many of Heidegger's concerns about technology not simply being a tool at human disposal, but rather becoming an all encompassing frame (*Gestell*) or structuring dimension of human existence. Michael Hauskeller's (Chap. 3) contribution carefully unpacks the ontological foundations of Jonas's ethics and then takes a closer look at Jonas's position *vis-à-vis* human technological enhancement and the imperative to protect human nature.

The Heideggerian legacy in Gadamer's writings on *The Enigma of Health* is perhaps felt most strongly in the hermeneutic method that he uses, examining the relation between the concepts of nature and health in the western tradition from Aristotle's understanding of nature as *physis*, through to modern mechanical notions of nature and statistical understandings of health. Niall Keane (Chap. 4) picks up Gadamer's reflections on the difficulty of pinning down the concept of health in its relation to nature. Keane critically examines the Platonic, Aristotelian, and also phenomenological/Heideggerian influences at work in Gadamer's thought. Keane argues for a dialectical conception of health, "accounting for it by means of what is present, that is, what remains, when it is absent," but is also critical of Gadamer's *physis*-centred approach, arguing that it "ignores something that Heidegger never did and this is that *physis* cannot be defined in terms of harmony and proportion, insofar as nature is more often than not violent, destructive, terrible, pitiless and overwhelming."

In the final chapter of the first section (Chap. 5), Mihail Evans examines the conflicting attitudes that two of the most influential post-war philosophers in Europe, Jürgen Habermas and Jacques Derrida, had toward the science of genetics. Written during the period of the Human Genome Project and the competing privately funded parallel project carried out by Craig Venter's Celera Corporation, Habermas's and Derrida's interventions in the debate both reflect on what impact the knowledge and potential technoscientific capacity created by such a detailed understanding of the human genome could have on human ethical relations and self-understanding. Evans argues that Habermas's strong critique of genetic engineering in humans amounts to an attempt to defend an untenable liberal idea of an autonomous subject. Derrida, conversely, displays a much more open attitude toward genetic technology, arguing that not only does it not threaten ethical relations in the manner that Habermas fears, but actually teaches us important lessons about the constitution of the self.