

ter with Nick if you explain things to him—'stead a jus' tellin' him to back up to the bars and git ready ta take his licks. You know what I mean? He's been screwed so much in his life—he's tired of it. I'll go now, I'm done.

[This story may not be used without the author's permission. Readers who want more information about Ms. Heide's work are invited to contact us at Midwest Bioethics Center.]

Stories Tell More Than They Say: Literature, Ethics and Health Care

by Alan S. Lubert

Literature reminds us that health and illness are surrounded by moral ambiguity. Fiction, drama and poetry approach health care by introducing characters who try to make sense of pain and mortality. The narrative unfolds in particular stories, we see how individuals cope with their fragility. We care about the characters, we want to understand their motivations and passions, we feel pain at their losses and rejoice in their triumphs. We see people wrestling to establish their identity, to protect their integrity, to cement important relationships. But an excellent novel or short story doesn't stop there. It fires our imagination so we can see beyond the local to the universal, we step outside the story's borders and look from a global perspective. By staying with the specific story, the narrative allows us to listen as characters answer the real challenges of illness: what does it mean to be human, how can we lead purposeful lives, what are friends for, where is our place in the community, how can we live with suffering, does God exist? Literature points beyond the immediate context and opens up the world in ways not otherwise possible. When we become angry or disappointed at what characters do, when we respect their ideals or doubt their values, we begin to know ourselves in new and unexpected ways. We read for enjoyment but often don't realize how we are transformed.

In health care today, we know how to do many interventions yet are not at all clear about why we should do them. Our technical skill outruns our moral wisdom, we can figure out *how* long before we understand *why*. People express a common fear that technology drives health care, that invasive procedures have replaced virtue and trust. Machines can be appropriate for analyzing and testing and probing, but they do not help us to understand suffering or mortality. Although as human beings our experience is embodied, we must be careful not to equate the physical body with personal identity.

Our bodies do break down, they are subject to disease; yet as self-conscious, purposeful agents we struggle to interpret our experience. Most important for moral reflection is the challenge to make sense of our suffering. We must distinguish the meaning of illness from the biology of disease. Illness disrupts our life story, it intrudes on relationships, it threatens to derail future plans. As patients we hope medical technology can solve the biological problems that have sidelined us, but as *persons* in search of meaningful lives we need moral insight into why this is happening. Unless we can share our mortality we will have difficulty connecting to one another. Illness threatens to cut us off from the community, to isolate us from human touch. This suggests that health care, when it focuses on technical intervention, is incomplete; it leaves out the uniquely human effort to make life intelligible and value-charged.

Narrative allows us to listen as characters answer the real challenges of illness.

To understand why we suffer or to grasp the importance of mortality, we must build them into the identity we are always constructing. When we picture life as a connected story from beginning through middle to end, individual actions are not torn out of context or abstracted from an ongoing history. Because illness fragments our sense that life is reasonably coherent, figuring out how to keep oneself intact presents a great challenge. Narrative

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is central to our identity: by telling stories we transform mere events into purposeful experience, we change ourselves from patients into persons.

Literature offers a wonderful opportunity to enhance our capacity for moral judgment. Fiction can supply the skills—the virtues—necessary for building relationships that will endure against a world too often careless of human life. As characters struggle to live with suffering, as they wrestle with the mystery of why did this happen to me, we see them recasting their identity. Illness, loss of a job, divorce, aging, the death of loved ones or disillusionment with friends show us that ethics should not focus on dilemmas or quandaries, but on character and virtue. The key question is not “What should I do?” but “Who should I become?” An-

swering questions about what one ought to do depends on the kind of person one ought to be. “Tough cases” may demand ingenuity in problem solving, but this alone doesn’t provide the basis for relationships that sustain us through hard times.

As health care becomes more specialized, we must remember not to substitute technical procedures for moral action. Narrative ethics builds on the insight that unless we can incorporate illness into the story of our life, we will not be able to understand what has gone wrong. Narrative ethics takes seriously the Socratic challenge to know ourselves. Under the pressure of pain it will be difficult to pursue this ideal, but perhaps at no other time is it more important.

Philoctetes: A Medical Narrative

by Eleanor Bronson Pyle

The Philoctetes of Sophocles can be read as a medical narrative in which form contributes to content. Philoctetes’ noxious wound caused his countrymen to abandon him on a desert island where he survived by means of an enchanted bow. Later the Greeks needed his help in the Trojan War and faced the problem of persuading him to join them. This essay analyzes the various ways estrangement and dehumanization are conveyed in the play and how they are overcome through development of a trusting relationship between Philoctetes as patient and Neoptolemus as caregiver. By focusing the connection between the individual’s wound and the war as a wound in society, we see why illness should be recognized as part of the fullness of life and as an opportunity for compassion and enlightened action.

I want to share some thoughts about *Philoctetes*, a play by Sophocles more than 2,400 years old. The late Justice Holmes wrote of an incident in this play that it was a “wonderful example” of “one of those rare occasions when the ancients seem just like us.” I believe this work contains many such examples, and since it can be read as a story about a difficult patient with a difficult, chronic illness, it may have special interest for health care professionals today.

Let’s begin with a story.

Once upon a time, Apollo gave Herakles an enchanted bow whose arrows could not miss their mark. Later when Herakles had been poisoned and wanted to die, he persuaded Philoctetes to light his funeral pyre and gave him the magic bow as a reward. Armed with the bow, Philoctetes was part of the Greek army that set out for Troy to avenge

Helen’s loss. On the way the Greeks stopped to worship at a shrine, and Philoctetes was bitten on the foot by a venomous snake. His wound became so noxious and his behavior so disruptive that his countrymen abandoned him on the island of Lemnos and went on to Troy without him.

For ten years Philoctetes eked out a miserable existence while his wound failed to heal. For ten years the Trojan War dragged on inconclusively. Finally the Greeks learned they would never be victorious without the aid of two men: Philoctetes with his magic bow and Neoptolemus, son of Achilles, in his father’s armor.

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