Picasso, professionalism and plastic surgery: why privileging the patient’s perspective is a moral imperative

Deborah Kirklin

In this issue’s Editors choice, Aoife Moran, Anne Scott and Philip Darbyshire (see page 70) argue that the process of living on haemodialysis, while waiting for a kidney transplant, is one in which time is both killed and wasted. Rather like the lives of the protagonists in Beckett’s Waiting for Godot, the lives of people on dialysis are ones characterised by existential boredom. Moreover, their patience will not always be rewarded, because, as dialysis patients know all too well, many of them will die before they receive a kidney.

And yet somehow, in spite of all the physical, emotional, social and economic costs incurred in living these lives of existential boredom and uncertainty, their authors must search, as humans always have, for meaning and purpose within that existence. That search can be lonely and have, for meaning and purpose within that existential boredom and uncertainty, their patients are, generally, well cared for, so far as it goes. And yet Moran et al want nurses to go further. They want them to be aware of and to acknowledge the psychological strain placed on an individual forced to waste and to kill time, time that, for them, is in short supply. They want them to understand that, although human beings can bear many things, the thing they often find hardest to bear is the feeling that the time they have is not theirs to define or determine, but instead theirs to endure.

These are painful perspectives on the world, both to hold and to witness, and not all patients will wish to share or reveal how they feel, choosing instead to keep these most intimate of details private. But as Geneviève Rail and Marc Lafrance argue in their paper on discursive constructions of obesity in the television drama Nip/Tuck, not everyone has the luxury of being able to hide from the world the thing that troubles them most. In the episode of Nip/Tuck described in this paper, that thing is the morbidly obese body of Momma Boone. Drawing on the work of Michel Foucault, Rail and Lafranc argue that being fat in modern Western society marks you out, in an inescapably public way, as in need of salvation. By focusing the camera lens on Momma Boone’s over-sized body, the makers of Nip/ Tuck create a voyeuristic world in which Momma’s body/all fat bodies are a source of fear and loathing, an other, which the viewer never wants to become.

In a linked editorial, literary scholar Suzanne Scholz (see page 66) examines the theoretical underpinnings of Rail and Lafrance’s interesting analysis. Her conclusion, that medical soaps “provide a programme of bipedagogical instruction in that they negotiate and disseminate current notions of how to live one’s life and look after one’s body properly”, raises interesting questions about how, given the socially, politically, historically and culturally constructed nature of the medical gaze, the patient’s perspective on what it means to live their life can possibly regain primacy. If Allan Peterkin and Adrienne Prettyman’s review, in this issue (see page 80), of the history of therapeutic writing is to be believed, Momma Boone would have been well served by being given the opportunity to write about her experiences.

Peterkin and Prettyman’s detailed and thorough review of the research literature in this field provides compelling evidence that therapeutic writing can engender narrative competence. Narrative competence is a skill that enables individuals to construct well-organised and meaningful narratives about themselves, their lives, and what is happening to them and around them. Given the associated psychosocial health benefits, Peterkin and Prettyman argue that access to therapeutic writing should be broadened. They provide persuasive case studies, from people living with HIV, to support their claim that narrative competence can help people cope with life stressors and trauma. Thinking about Momma Boone, I wonder, in addition, whether access to therapeutic writing might have offered a way for her perspective to regain some lost ground in its unequal contest with the medical gaze.

The idea that “synergies…exist between cultural artefacts and the body” is of course
Public confessions of a sinner: a healthy take on obesity?

Susanne Scholz

In his 1963 study The birth of the clinic,¹ French philosopher Michel Foucault points out how an empirical gaze and rational language work hand in hand in producing the diagnostic unit of “the case”. In a time that increasingly regarded the individual human as part of a population that the society has a duty to keep healthy, case studies helped to establish normative guidelines for patients on how to treat their bodies and care for themselves. While The birth of the clinic only describes the emergence of a modern medical perception of the diseased human body, in his later works Foucault extends the notion of the authorities’ disciplinary gaze and the individual’s self-monitoring into a notion of biopolitics. In his History of sexuality,² he describes the practice of confession as one of the basic mechanisms by which individuals come to understand themselves as social agents with a responsibility for their own welfare. Taking over from the religious register, the modern confessional establishes a moral discourse that induces subjects to subscribe to certain normative ideals and to monitor their own performance. Since this form of self-government is inscribed into the bodies of individuals, it has been called biopower, a concerted effort of both society and the individual to regulate one’s bios or life by subscribing, for example, to a certain lifestyle or diet. The distribution of these notions in a given society—what could be called biopedagogy—is usually not enforced by juridical or political decree, but happens mainly in the form of cultural productions such as newspaper features, literature, films or television formats. It is a form of what Foucault calls governmentality, the self-government of subjects by the internalisation of norms.

In this issue of Medical Humanities, an article by Geneviève Rail and Marc Lafrance³ reminds us in this issue (see page 89), while “death is inevitable…dying well is not”.

Perhaps, these authors suggest, this is partly due to the fact that there is relatively little contemporary discourse amongst doctors about what exactly a good death might look like, and in part because “medical institutions continue to construct death as a performed battle against physical debility, even when patients may have different views of their preferred deaths”. Contemplating one’s own mortality is one of the more challenging aspects of caring for the dying. Sometimes a little distance can help make facing up to one’s own future death less threatening. Thornton and Phillips offer doctors six centuries of distance, inviting them to examine the Ars Moriendi and to “reflect critically on the potential dissonance between their own approach to death and the variety of culturally-valourised ‘good deaths’”. To ask themselves, in other words, what ways there might be, other than their own, of understanding what a good death is. Asking this question is surely a vital first step on one’s own mortality journey. Taking over from the religious register, the modern confessional establishes a moral discourse that induces subjects to subscribe to certain normative ideals and to monitor their own performance. Since this form of self-government is inscribed into the bodies of individuals, it has been called biopower, a concerted effort of both society and the individual to regulate one’s bios or life by subscribing, for example, to a certain lifestyle or diet. The distribution of these notions in a given society—what could be called biopedagogy—is usually not enforced by juridical or political decree, but happens mainly in the form of cultural productions such as newspaper features, literature, films or television formats. It is a form of what Foucault calls governmentality, the self-government of subjects by the internalisation of norms.

In this issue of Medical Humanities, an article by Geneviève Rail and Marc Lafrance⁴

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