POSTSCRIPT

LETTER

Can Frankenstein be read as an early research ethics text?

In his article (Med Humanit 2004;30:32–5), H Davies asks whether Mary Shelley's novel, Frankenstein, can be read as an early research ethics text.¹ It is misguided to give the impression, as the author does at times, that Shelley was ghost-writing for a future institutional review board: there are reasons for believing that the novel's theme of overreaching was a largely unintended rebuke to the fame-seeking writers who made her early life such a heady yet wary one: her dead mother Mary Wollstonecraft, her father William Godwin, her husband Percy Shelley and her Genevieve castellan Lord Byron.

However, Davies' partisanship on behalf of the novel finds confirmation in a recent publication by the French philosopher Dominique Lecourt, in which Frankenstein, along with Goethe's intricate verse-play Faust, is examined in the light of modern interpretations of the ancient myth of Prometheus.² Indeed, the diversity of ways in which Mary Shelley's novel can be interpreted – "as a later version of the Faust myth, or an early version of the modern myth of the mad scientist; the id on the rampage, the "as a later version of the Faust myth, or an early version of the modern myth of the mad scientist; the id on the rampage, the"

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collaboration with Survivors Poetry. This dynamic organisation, run by and for survivors of mental illness, coordinates self-help writing groups, and publishes a support magazine. The collection, including Rimbaud, Shakespeare, Stevie Smith, Andrew Motion, and six Survivors members, gives great insight into depression and trauma. Many individual poems could be photocopied and given to patients to offer hope and understanding. Several of them turned me round from a dark moment, moving me to tears.

**Attending to the Fact—Staying with Dying**, a poetry collection by a hospice trustee and hospice chaplain, is deeply moving and accessible. Offering insight into the dying process, as well as the difficulties and problems of working with the dying, it should be on the desk of everyone who works with dying people in any capacity.

*Keeping Mam* is a psychiatric detective story, or requiem in poetry, for the dying language, Welsh. Gwyneth Lewis, who writes in both Welsh and English, eloquently mourns her language, as only a writer with acute psychological sensitivity can.

These books will help you through the long dark evenings ahead (odd to write: my fingers melting on the keyboard in July heat). A further help might be to belong to a reading group. Responses and reactions can be shared: all equally valid whoever you are, and however varied they are. Bonnebaker, reporting a hospital based reading and discussion programme in America, says: “As one physician noted: ‘I’m amazed by how differently we read these books. It makes me wonder how differently we hear our patient’s stories. And how our patients perceive us.’” Indeed.

Whatever body or “mind-formed manacles”, you or your patients suffer from, you will find help and hope in these books. Books are “well born, / Derived from people, but also from radiance, heights”.

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**References**

1 Shem S. Fiction as resistance. (Medical writings: physician/writers’ reflections on their work) *Ann Intern Med* 2002;137:934–7 at 934.

**Compassion’s Way: a Doctor’s Quest into the Soul of Medicine**


This book is a set of anecdotes, stories, travelogues, film and book reviews, essays and even fairy tales. All of these are representative of Ralph Crawshaw’s work, which has been published over a period of about 35 years, and they have been skilfully edited into eleven sections covering a broad range of topics. The book is compelling reading. The book reflects the extensive experience of the author as a physician, psychiatrist, international medical diplomat, leader and opinion maker, ethicist, writer, and last but not least, as a compassionate fellow human being.

The editor/author advises the reader to pick and choose the chapters which may be of particular interest, treating the collection more like a smorgasbord than a full meal to be consumed from beginning to end at one sitting. A short summary at the beginning of each section facilitates this. Despite being over 600 pages in length, the layout of the book makes for easy reading. The eighty one individual chapters are short (about two to twenty pages), so it is easy to fit in a chapter between activities or at bedtime. As a reviewer, I felt compelled to read the entire book and my motivation to keep reading was maintained by the content. It was certainly not soporific.

As an introduction to the book, the author gives a brief outline of his relatively humble origins. His hope for the healthcare and military experiences gives the reader a reasonable understanding of his roots and what may have shaped his professional life and thoughts along the lines reflected in this work.

The main message of the book concerns the close relationship that exists between doctor and patient. Compassion is expressed as far more than a concept, being an experience which involves the deeper aesthetic values of both doctor and patient; the doctor has to contribute faith, hope, and charity, all presented with the essential ingredient of humility, while the patient has to reciprocate with trust. He relates very clearly the many factors which can intrude to break up this relationship. These include technology (which should be a tool and not the dictator it has often become), management and third party payer structures (which should be incorporated as an integral part of the team and not be serving), as well as economic factors, age, social status, and many others. Actions should be weighed up as to who benefits most, the patient, or third parties.

Although acknowledging that the sanctity of personal interactions should always be respected, the author relates many stories illustrating the important need for social responsibility. These are collected from his experiences across many cultures (including communist Russia, China, India, South Africa, the United States, Pakistan, and Mexico, as well as his native USA). Many of these experiences are very moving and thought provoking. The frustration resulting from inequality of standards and access to health care for these family, educational, and financial representatives is very clearly. Although people living in developing nations are experiencing a particularly tough time, the developed world is certainly no medical or social utopia.

Members of the medical profession shoulder a heavy burden of responsibility toward the public. This carries personal risks and stresses which result in significant fall-out among our colleagues. Impaired and inept health professionals bear a particularly heavy burden, with the suicide risk among this group being particularly alarming. The author dissects a number of situations where we could all help to promote better understanding and to develop supportive and preventive policies to curb this trend.

On the other hand, some doctors are described as “too ept,” in that they are unable to resist the drive toward more technological developments, which might have very questionable (if any) benefits for the patient. Without compassion from the doctor, patient trust (and that of their families) is easily eroded. All of us are exhorted to remain focused on our relationship with individuals, and to understand them as people with families and a wider personal history. Once personal attitudes are relegated to concepts, theories, budgets, and sometimes experiments, it is so much easier to shift our guard and slide into areas of questionable ethics. Care is taken to avoid a Luddite approach. All our actions need, however, to be balanced with respect to scientific, civic, economic, and ethical components. Each of these needs to be part of the curriculum, so that the health care team and not be self serving), as well as the patient’s family, educational, and military origins. His family, educational, and military experiences add credibility to their validity. Even civic or social policy. The real life experiences add credibility to their validity. While not all readers would necessarily agree with Ralph Crawshaw’s views, there seems to be little doubt that they shed a better understanding of our human condition. The world would be a much happier and safer place if the way of compassion was followed.
Association for Medical Humanities – Third Annual Conference

Peninsula Medical School, Truro, Cornwall 10-12th July 2005

This is to give generous notice of this conference and a preliminary call for papers. Abstracts are invited for 15 minute papers on topics related to the medical humanities. The organisers of the conference welcome contributions from all healthcare staff, academics and clinicians, and from those working in the medical humanities. The themes for this conference are:

- Narrative interpretations of practice, particularly narratives of music, film, and visual art
- Medical humanities and the education of healthcare practitioners
- Medical ethics
- The medical humanities and changes in clinical practice

Abstracts of no more than 300 words should be submitted by email on a pro forma. This should be available on the AMH website, currently under construction, or from Dr Robert Marshall, robert.marshall@rcht.cornwall.nhs.uk.

The deadline is 15th April. Further details of the conference are available on the website or from Dr Marshall.