

# 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.<sup>1</sup> 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 over-reaching was a largely unintended rebuke to the fame-seeking writers who made her early life such a heady but wary one: her dead mother Mary Wollstonecraft, her father William Godwin, her husband Percy Shelley and her Geneva 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.<sup>2</sup> 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 proletariat running amok, or what happens when a man tries to have a baby without a woman”<sup>3</sup> – suggests that, for all its occasional crudity of structure, it is indeed one of the foundation texts of “a scientific futurology” in which the cumulative effects of “the lengthened reach of our deeds” need to be countered, in view of our partial knowledge, by “an imaginative ‘heuristics of fear’”.<sup>4</sup> Ethics, like Mary Shelley's novel, ought to have a feel for the mythic too.

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### References

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- 2 Lecourt D. *Prométhée, Faust, Frankenstein: Fondements imaginaires de l'éthique*. [Prometheus, Faust, Frankenstein: Imagination in ethics]. Synthélabo, Paris, 1996.
- 3 Butler M. *Frankenstein and Radical Science*, in *Frankenstein: A Norton Critical Edition*, WW Norton, New York, 1996:302–313.
- 4 Jonas H. *The Imperative of Responsibility*. Chicago: University of Chicago Press, 1984;x. (first appeared in German: 1979).

## BOOK REVIEWS

### A bumper review of fiction and poetry

In this bumper book review I have reviewed the following 10 books: Helman C, ed. *Doctors and Patients: an Anthology*. Abingdon, Oxon: Radcliffe Press, 2003:1 85775 993 1;

Coulehan J. *Chekhov's Doctors: a Collection of Chekhov's Medical Tales*. Kent State: Kent State University Press, 2003: 0873387805; Glaister L. *As Far As You Can Go*. London: Bloomsbury, 2004: 07475 7095 7; Rogers J. *The Voyage Home*. London: Little, Brown, 2004: 0 316 72671 0; Salway S. *Something Beginning With*. London: Bloomsbury, 2004: 0 7475 6992 3; Murray J. *A Few Short Notes on Tropical Butterflies*. London: Penguin Viking, 2003: 0 670 91348 0; Lewis G. *Sunbathing in the Rain*. London: Harper Collins, 2002: 0 00 712062 1; Forbes p, ed. *We Have Come Through: 100 poems Celebrating Courage in Overcoming Depression and Trauma*. Newcastle: Bloodaxe Books, 2003:185224 619 7; Elflick H, Head D. *Attending to the Fact: Staying with Dying*. London: Jessica Kingsley Publishers, 2004: 1 84310 247 1; Lewis G. *Keeping Mum*. Newcastle: Bloodaxe Books, 2003: 1 85224 583 2.

Literature pays attention to the smallest, most significant details of how people are, can be, and have been: in the ways they relate to each other, individually, socially, and to our world. It forms a channel between the reader, and the closely observed. Since literary authors include some of our best and deepest thinkers, literature can also be a gripping and memorable way to communicate what they have deduced and how they have interpreted this raw observational data, using the full panoply of literary devices such as narrative, metaphor, plot, and characterisation. Their skill lies partly in making a process of deep learning thoroughly enjoyable: we learn best when enjoying the process.

These books are all written with skill and experience. Not all these authors work in medicine or health care. Since, however, practitioners need to observe closely and to understand the role of metaphor, narrative, and character in people's lives and bodies, this is immaterial. Health issues abound in literature because the three constants in life are that we will be born, get ill or get critically injured, and die. And of course we not only suffer or delight in these ourselves, but in our nearest and dearest as well. Health fascinates any reader, not just the clinician.

Cecil Helman has gathered together literary wealth. Clinician readers with little time can be certain of encountering writings focused toward their interests and needs here. The collection includes stories about and by doctors, clinical encounters, and personal patient accounts such as Rachel Clark's description of her cancer—so harrowing in so young a girl. Arthur Conan Doyle and Sacks are included, as is Kafka's complex and clever story about a country doctor. This collection, with Helman's insightful introduction and notes, will be invaluable to anyone running a medicine and literature course, as well as fascinating for any clinician or student.

Coulehan's *Chekhov's Doctors* presents an extraordinary kaleidoscope of doctors in medical and social contexts. I read it straight through, but the stories would also repay being read separately. Chekhov's observation of detail, both of character and place, is precise, building up vivid pictures and

portrayals, immersing the reader in nineteenth century Russia: a different world from ours. They mostly are not really stories, but studies of character and situation, raising as many questions as they answer. The introduction and Coulehan's commentaries are succinctly useful. A book to read and mull over, and a place to learn about what adversity can do to human clinicians and their patients. Another doctor/writer says: “My early answers to the question ‘what is healing’ came from these stories. I still have a piece of an envelope on which I copied part of a letter Chekhov wrote to an editor who had criticised his story, *Ward Number Six*, [included in Coulehan's collection]: ‘The best of writers are realistic and describe life as it is, but because each line is saturated with the consciousness of its goal, you feel life as it should be in addition to life as it is, and you are captivated by it’. *Life as it should be in addition to life as it is*.<sup>1</sup>

Those who read little fiction really do need guidance and support when choosing contemporary texts, they are so varied in quality. Jane Rogers and Lesley Glaister are reliably worth reading, as much as anything for their observation of how people relate to each other, and the effects those relationships have. Glaister's novels are not horror as the book jacket asserts; her skill is in depicting psychological oddities and aberrations. This book is as deliciously bizarre as her other eight, offering deep insight into a psychopath, and the way people can become willing victims.

Jane Rogers's books are deep psychological studies. The *Independent* reviewer asserted: “she writes better than almost anyone of her generation”, and went on to say that her books were so carefully plotted and the characters so believable in spite of strange happenings. *The Voyage Home* involves the child of a missionary trying to make sense of her past, her parents, and her own sexuality. If you want to understand people better (as anyone in medicine and health care must), read Jane Rogers.

*Something Beginning With* is a stunning first novel. Salway's academic work studies the way families interact and impact on individuals. Her novel has an innovative form. Beneath an ingenious deceptively light surface lurks great insight into the way women relate to each other in close friendships, and the way parents can have an impact on their children's adult sexuality.

I was not sure about Murray's *A Few Short Notes on Tropical Butterflies*; many concern doctors or medicine in different ways. They are clever, set in mainly exotic locations, and rely on extremely dramatic events. I am afraid I found them unsubtle; but other reviewers have raved.

Gwyneth Lewis's *Sunbathing in the Rain* takes the reader on a psychological journey into and through her acute depression. I would hardly call it cheerful, but it certainly turns depression to excellent account: a must for anyone who has suffered this terrible disorder, and for their carers.

Poetry last but not least. *We Have Come Through* celebrates courage in overcoming depression and trauma, and is published in

collaboration with Survivors Poetry. This dynamic organisation, run by and for survivors of mental illness, coordinates self help writing groups, and publishes a supportive magazine. This 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 Mum* 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.'"<sup>2</sup> Indeed.

Whatever body or "mind-formed manacles",<sup>3</sup> you or your patients suffer from, you will benefit from reading these books. Books are "well born, / Derived from people, but also from radiance, heights".<sup>4</sup>

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## References

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- 2 **Bonnebaker V.** Literature and medicine: humanities at the heart of health care. *Acad Med* 2003;78:966.
- 3 **Blake W.** In: Forbes P, ed. *We have come through*. 2003:36.
- 4 **Milosz C.** In: Forbes P, ed. *We have come through*. 2003:109.

## Compassion's Way: a Doctor's Quest into the Soul of Medicine

Edited by R Crawshaw. Medi-Ed Press, 2002, US\$38.50, pp 648. ISBN 0936741155

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. They make 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 family, educational, and military experiences give 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 come to represent), and management and third party payer structures (which should be incorporated as an integral part of the team and not be self 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 Kingdom, and Mexico, as well as his native USA). Many of these experiences are very moving and thought provoking. The frustration resulting from inequity of standards and access to health care for these communities is represented 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 drop 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 learning process for medical students; medical oaths are often helpful to focus the mind on these areas, and should not be left as an emotional addendum to graduating ceremonies.

If there are any criticisms: the book could have been a little shorter and some minor repetitions could have been avoided. If, however, the book is read as a smorgasbord (as advised by the author), this criticism is negated. Some of the film reviews are perhaps a little esoteric and tangential, but whenever I thought this, the next review turned out to be a real gem, rich in thought and insight into the human condition. The references are useful. Although many of the chapters were published as articles 30 years ago, the topics are evergreen and are still applicable today.

Who would find this book most interesting: everyone who deals with people as individuals, and indeed, also those who deal with population groups because they too need to appreciate what is required when dealing with individuals. The first group would include doctors, medical students, nurses, other ancillary medical staff, and pastors and chaplains; the second group would include managers (especially those in the health field) and politicians and personnel who help to shape health policy. Many of the chapters would provide wonderful material for discussion groups (at either undergraduate or postgraduate level) to do with medical ethics, professional development or 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 promote a better understanding of our human condition. The world would be a much happier and safer place if the way of compassion was followed.

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### Association for Medical Humanities – Third Annual Conference

Peninsula Medical School, Truro, Cornwall 10-12<sup>th</sup> 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](mailto:robert.marshall@rcht.cornwall.nhs.uk)

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