Can Frankenstein be read as an early research ethics text?

In his article (Med Humanit 2004;30:32–5), Davies asks whether Mary Shelley’s novel, Frankenstein, can be read as an early research ethics text. It is misguided to give the impression, as the author does at times, that Shelley was 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 struggle. As the novelist who wrote to her dear mother, Mary Wollstonecraft, her father William Godwin, her husband Percy Shelley and her Genevan 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. 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 — suggests that, for all its occasional crudity of structure, it is indeed one of the foundation texts of “a scientific futuromy” 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’”. Ethics, like Mary Shelley’s novel, ought to have a feel for the mythic too.

Bamforth
86 rue Kempf, 67000 STRASBOURG, France; lair@BAMFORETH@wanadoo.fr

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BOOK REVIEWS
A bumper review of fiction and poetry


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 doctors, literature can 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 the 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 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. Art’s skill lies precisely in making 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 for clinicians looking 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 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.

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 that the stories they 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’s life 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 unsuitable; but other reviewers have raved.

Gwyneth Lewis’s Sunbathing in the Rain takes the reader on a psychologically 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 survi-
vors of mental illness, coordinates self help
writing groups, and publishes a support-
ning magazine. This collection, includ-
ing 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 is 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 dis-
cussion programme in America, says: “As one
physician noted: ‘I’m amazed by how differ-
ently 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-form ed
manacles”, you or your patients suffer from, you
will find helping in reading these books. Books
are “well born. Derived from people, but
also from radiance, heights”.

G Bolton
Medicine and the Arts, King’s College London
University, Department of English, Strand,
London, WC2R 2LS, UK;
gillie.bolton@kcl.ac.uk

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Compassion’s Way: a Doctor’s Quest into the Soul of Medicine
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 skillfully
edited into eleven sections covering a broad
range of topics. The result is a bone-chilling read-
ing. The book reflects the extensive experi-
ence 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
generations experience 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 pre-
sented 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 dicta
that it has in modern medicine, and manage-
ment 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
to 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, Mexico, and even 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 family, educational, and represented
very clearly. Although people living in devel-
oping nations are experiencing a particularly
tough time, the developed world is certainly
no medical or social utopia.

Members of the medical profession should bear 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
inupt health professionals bear a particular
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 under-
standing 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 develop-
ments, 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 that we are humble with family
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 com-
ponents. Each of these needs to be part of the
learning process, for personal, medical,
ethical 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.

We 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. To this end, the book
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 person-
nel who help to shape health policy. Many of
the chapters would provide wonderful mate-
rial for discussion groups (at either under-
graduate or postgraduate level) to do with
medical ethics, professional responsibility,
and 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 the book adds to a better
understanding of our human condition. The
world would be a much happier and safer
place if the way of compassion was followed.

G Barbezat
gil.barbezat@stonebow.otago.ac.nz
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.