

Clinic bioethics and cinematographic narrative

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Summary

The clinic relation is established to get the cure or the relief of a concrete patient. The doctor is used to take technical decisions in conditions of doubt, but he worstly deals with them when it concerns cases that present conflicts of values and the decisions he has to take are of ethic type. Then clinic bioethics might help, by a philosophical reflection and the deliberation, to take better decisions, those which are more cautious. Illness is for the human being a biographic experience in the context of his proper life and, just like it, it has a narrative structure. Cinema can transmit knowledges and arouse feelings in the spectator, who interprets the narration from his previous experiences and at the same time he feels concerned with it and incorporates it to his life like another experience. Cinema reflects perfectly the precision, the circumstances and the individual and social context in which things happen and it appears to be the ideal way to describe illness as an individual experience and as a social phenomenon, not only as a biologic fact or an abstract nosologic entity.

Keywords: Bioethics, Narrative, Illness, Clinic, Cinema.

Introduction: say what has to be said and do what has to be done in clinic practise

Ethics is the art to choose the best conduct and its aim is the reflection on moral judgements and moral actions, that is to say, on the way to make decisions and on the acts that follow it. Bioethics pretends itself to unify the knowledge of the living systems (of biologic facts) with the knowledge of human beings systems (ethics values) and the origin of it is the need to give answers to the multiple conflicts of values that derive from the big scientific, technologic and social changes that happened in the past, considering that not all that is technically possible is ethically possible. The new discipline is laid on the philosophic bases and adopts the proper methodology of philosophic ethics; bioethics is the applied ethics of different areas of life science, such as ecology, biotechnologies or health sciences.

Medical bioethics has different containings whether it applies to research, to clinic or other areas. While research is looking for increasing knowledge to the benefit of society, without pursuing the benefit of a concrete subject of research, the clinic practise has

an assistential aim and is looking for the benefit of the ill subject: his cure or the relief of his suffering. The clinic bioethics, as an applied ethics to the area of clinic practise, is a new term to an old reality: the moral dimension of the medicine exercise, because the purpose of medicine is not a scientific aim but an ethic one: the primary tendency of the human being to the assistance of the ill person¹.

The subject of the relation that exists between clinic bioethics and cinema as an audiovisual means of narrative can be developed into three points: what is wanted to be told, what are the means available and what are the advantages that cinema offers.

What to tell: biographic experience and narrative identity

The experience of getting ill is the universal phenomenon of medicine, it is common to all human beings of all times and places; nevertheless, illness is a variable historic and cultural concept, in the sense that all is not called illness. Nowadays the doctor considers that illness is a biologic fact and intends to turn into

subjective sensations (the symptoms) into objective information (clinic signs) that help him to identify, with a series of proofs, some of the morbid species (“illness”) included in the treaties of Medical Pathology. But the one who is ill is not only a biologic organism, but a human being for whom the disease is, apart from an alteration of the body, an alteration of his life’s project, a personal experience that belongs to the subjective level of values. That is why the doctor has to take into account the experience of pain and suffering of the ill person, his aims in life, his values etc...and he has to know how to deal with these types of phenomena non biologic in a rational sense². The Medical Clinic is more than just an applied pathology, it is the concrete relation with a human being ill, aimed at succeeding its cure or the relief of his suffering and the disease in the biographic experience, as Laín Entralgo wrote “for men, nevertheless, who suffer it, it is a more or less grave and hazardous episode in the course of his auto realisation, and so his biography, that can acquire different meanings and from which always remains –apart from the immunity and the scar– some vital experience³”.

The human being is not a pure “I” that remains immutable, but has a dynamic identity that develops itself all through his life. It is not about the abstract “I”, but about the narrative “proper I”, that is being made through succession and the sum of concrete experiences. The personal identity can only be understood as a narrative identity, that one has to create in relation with others. Therefore, we are, individually and collectively speaking, a narrative identity⁴.

Living consists in experiencing reality, but the experience is always much more limited than the proper reality to which it refers. To say what has to be said and to do what has to be done, it has to be taken into account that reality in all its complexity and this one is revealing itself partially, never in a total sense, it discloses and the thought, that comes necessarily later on, never runs out its richness. Following Robert Louis Stevenson “life goes ahead of us with an infinite complication”⁵.

Experience is a sort of immediate knowledge, direct and evident, that is what intuition consists in. All experience is personal and cannot be transferred to others, it can only be described. Between the description of the intuition and its description several factors always interfere, the first of all is language; for this reason, while intuition is unique, the description can be diverse.



How to tell it: narrative and perspective

Narrative consists in describing experiences, evoking the absent using images or words. The one who receives the description of an experience always compares it to his own experiences, because we all think by our past experiences. We do not let the past at the back, we live with it all the time. The appreciation of an image depends in our experience, on the way we think, on our perspective. What we know and what we believe in affects the way we perceive things. Two different persons do not see the same object the same way. In addition, the reading of a book or the contemplation of a painting or a film, provokes emotions in the reader or the spectator, who incorporates the sensation to his life as a proper experience.

The most important source of knowledge are narrations, such as biblical traditions, Homeric poems, epic poems, stories about saints or ballads that were demonstrated all through history from where novels derive (“romans” in French). But narratives are not only literary stories because even before the invention of writing or even until the invention of printing, the oral tradition and the images, such as the carved stone in porticoes, the paintings in the altarpiece or the frescoes, transmitted knowledge too and taught habits and

Why cinema: moral perception and concretion

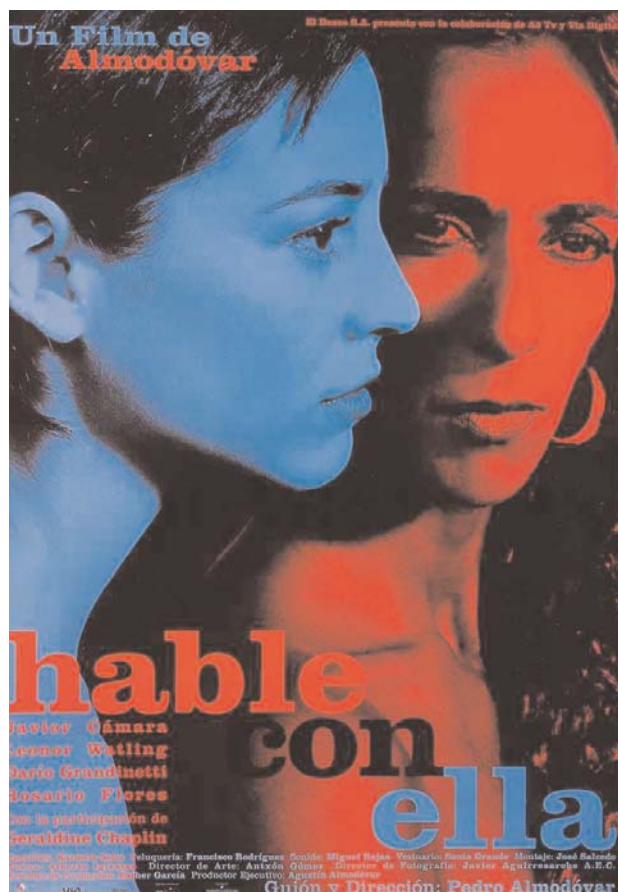
The sum of different perspectives helps describing and understanding better reality. In ethics, the reasons are just persuasive arguments that do not completely cancel other perspectives and so other arguments about the same subject or problem that is why the perspectives and the reasons of others are necessary. Consequently the others become for oneself a condition of possibility of the proper development as a rational and human being. The inclusion of others in reasoning imposes itself as a true moral imperative.

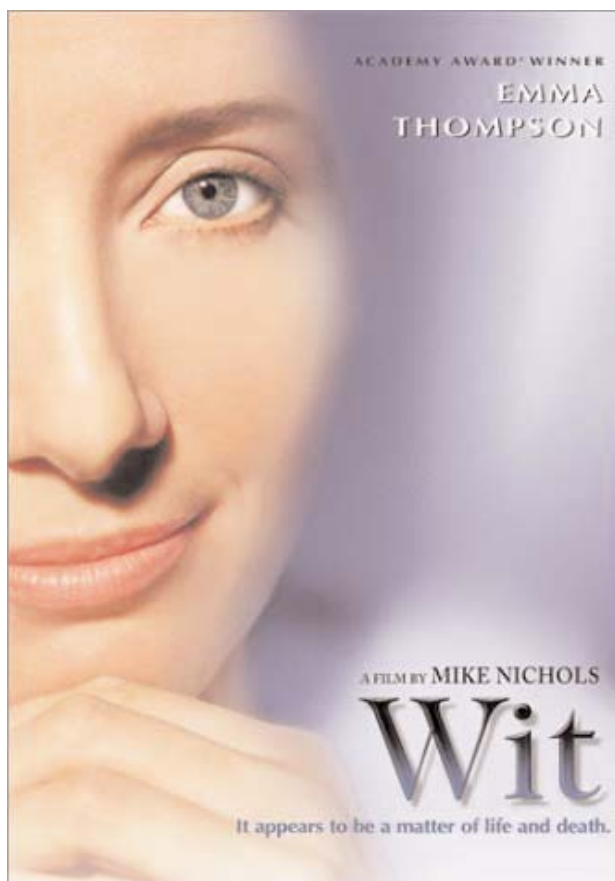
Narrative constitutes a way of rationality especially appropriate to ethic reflection, among other things because it deals with important aspects in life such as feelings, affection; desires, emotions, beliefs, or values. Generally, reason is speculative and abstract and excluded those aspects, but the moral decisions have to be practical and concrete; to say what has to be said and to do what has to be done, it is necessary to evaluate every particular situation. As a matter of fact Aristotle says in his *Ethics to Nicomaco* (1109b20) that “such things are individuals and that the criteria



lays in the perception”⁷. The narrative proceedings are the appropriate ones for the analysis of concretion. To understand better what is being described the historic, social and cultural but also the individual context, the circumstances and the predictable consequences have to be taken into account⁴.

More specifically, cinema shows the social and individual context, as much as the particular circumstances, it can give different points of view in the description and helps to find the sense of the narrative. Music, gesture communication, the angles of the camera or the silences; with the cinematographic language, experiences can be described with further precision when words are inappropriate or not sufficient. To prove it needless to remind some narrations, such as the grand burnt, the identity and the care in the “*English Patient*” (1996), the syphilis and the research on human beings in “*Miss Evers' Boys*” (1997), AIDS in “*Philadelphia*” (1993), the vegetative state in “*Hable con ella*” (2002), the tetraplegia and the assisted suicide in “*Mar Adentro*” (2004), the final ending disease described in the first person in “*Wit*” (2001). All these films and many more, like clinic bioethics, help to think about suffering, about disease and about life.





We are a narrative identity and the disease is, above all, a biographic experience. Cinema is a means of audiovisual narrative that is using human stories and that reflects very well the concretion, its circumstances and the context in which it is passing; it is an appropriate language to tell experiences of illness and the situations of clinic practise in which ethics conflicts appear.

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