Phenomenological Bioethics. A Review

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Phenomenological Bioethics. Medical Technologies, Human Suffering, and the Meaning of Being Alive. By Fredrik Svenaeus. Routledge 2018. 161 pages. Paperback $42.46.

In his new book, *Phenomenological Bioethics* (Routledge 2018), the Swedish philosopher Fredrik Svenaeus aims to show how the continental tradition of phenomenology (represented by writers such as Heidegger, Edith Stein, Merleau-Ponty, Sartre, Gadamer, or Hans Jonas) can enrich bioethical debates by adding an important, but often ignored perspective, namely that of the lived, first-person and second-person, experience. Phenomenology focuses not on supposedly objective, scientifically validated facts, but on the 'life world' of the individuals affected by a situation. A person's life world consists of their experience of their own lived body (or "Leib") and the meaning structures of their everyday world. A phenomenologically informed and oriented bioethics would seek to take those life worlds into account when considering what should be done in a particular ethically challenging situation. Svenaeus reminds us that there is generally more to an illness than just a malfunction of the body that can be causally explained and treated accordingly. What medical practitioners as well as the bioethicists who advise them need to do is try to understand empathically what *matters* to the patient and why, and how it is *for them* to be in that particular situation. Every disease that can be described and explained in purely medical terms is also an illness, experienced as such and in their own particular way by someone. Medicine is concerned with the relieving of human suffering, and rightly so, but a patient's suffering must be seen as a personal and existential issue, something that both reflects and affects their specific being-in-the-world. There are many different ways in which people can suffer. For Svenaeus, however, suffering is, in its most general terms, essentially a personal *alienation*: a break-down or erosion of the established meaning structures in a person's life. It cannot be isolated and confined: for the suffering person their suffering affects their whole world. It changes everything, turns the world

upside down and into a hostile place what used to be a home. Accordingly, the goal of medicine is not (or should not be) primarily to restore the body's normal functioning or alleviate bodily pain, but rather "to make the experienced body, world, and life story of the patient less alien" (xi). The proper goal of medicine is to allow us to once again be at home in our body and at home in our world.

The fundamental insight that Svenaeus develops in his new book is that our illnesses are often, if not always, *crises of meaning*. The problem is not simply that we are in pain or that we can no longer do what we want to do and used to do. The problem is that we seem to have, as it were, lost our footing in the world, such that we are beginning to doubt that the things that used to matter to us really do matter. We are perfectly happy to go through painful experiences if it gets us somewhere (for instance when giving birth, or when exercising). What gets us down, what shatters our world to the core, is a suffering that seems to have no point and that alienates us from our own body and therefore, since we *are* our body (meaning that our existence is *essentially* an embodied one), from ourselves. Drawing on Freud's famous essay, Svenaeus calls this experience of self-alienation, this feeling of being betrayed by one's own body, *uncanny*. "The body is my basic home-being, and therefore alienation within the bodily domain is a particularly *uncanny* experience, compared to other ways of being alienated" (38). Healthcare professionals need to understand this and find ways to reverse the process.

Svenaeus cites anorexia nervosa as an illness that shows very clearly this uncanny alienation from one's own being. The nature of this illness is such that adequate treatment requires much more than just the usual measures (coercion and surveillance) to prevent the patient from continuing their life-threatening starvation behaviour. To help the person afflicted with the disease their alienated body experience needs to be understood and corrected, allowing them to find or develop a personal identity "that is possible to live and be at home with" (52). Yet even though Svenaeus' analysis seems plausible in the case of anorexia nervosa, one may wonder whether it is indeed the case that *all* illnesses, or even most illnesses, can be better understood when they are regarded as processes of

(body, self, and world) alienation. Anorexia nervosa seems to be rather special in this respect. Suffering may always be alienating in some way, but rarely is the experience of an alienation the actual *root* of the problem as it seems to be the case here. It may still be true, though, that "one needs to feel and understand the fears, thoughts, and wishes of patients in order to help them in the best possible way" (55). What is needed is empathy, not detachment, Svenaeus maintains. But is it really? Of course we all want to be treated not as medical cases, but as persons, with sympathy and compassion. This goes without saying. But do healthcare professionals really always need to understand what it is like for the patient to be in the situation they are in *in order to properly help them*? Are all medical problems on some fundamental level life-world problems? Surely it depends on the nature of the problem. And are we not asking too much of our doctors and nurses when we demand that they always try "to understand the whole life situation and identity of the patient" (73) and what makes their life "worth or not worth living" (74)?

It seems to me that such a holistic approach is only needed *either* when the medical problem in question originates in the patient's life situation and identity, *or* when the problem at hand is not solely or not primarily a medical problem, but an ethical one. To be sure, there are many such problems, mostly life and death situations where to make the right decision we need to know exactly what is at stake for this *particular* patient. For others this may not be necessary. The real target of Svenaeus' phenomenological challenge, however, is the kind of mindless ethical proceduralism that is so easy to fall into when we let our actions be guided solely by principlism: "Ethics can very easily become pure procedure, a game of applying pre-made principles to situations in which moral guidance is asked for (or, at least, pretended to be asked for). Applied ethics in such versions hides itself behind an image of neutrality, pretending not to advocate any specific image of the good human life but instead providing the medics with objective advice." (95) Such objective, neutral advice is indeed not possible. A more substantive idea of the good life is always present somewhere in the background of medical decision-making, and the phenomenological approach advocated in this book may well help raise awareness of those ideas.

However, can it also help us make the *right* decisions? I have my doubts because I am not sure whether phenomenology can help us determine how things should be. Take for example the question of how we should treat human embryos. Svenaeus suggests that the real concern here is "not about the life or death of individual embryos but about the way medical technologies affect our everyday being-in-the-world and attitudes towards life" (104). Maybe he is right. However, the problem with this is that all that the phenomenological approach can tell us is what those attitudes are and, more specifically, whether we feel alienated by or at home with the way our world is shaped and transformed by those technologies. Yet we can feel at home with a lot of things, and we may learn to feel at home with things that alienate us initially. Does a phenomenological approach allow us to make the judgement that we *should* not be at home with certain things? That we *should* be alienated?

Or take abortion and the question whether (or when) it is ethically permissible. Svenaeus emphasises the importance of the pregnant woman's experience, arguing that what the pregnant woman feels is not that her body has been invaded by some alien intruder, but rather that she is now in intimate contact with a child-to-be "who demands protection and support to develop and flourish" (120). This is why, allegedly, the embryo deserves our protection. For the same reason the child's birth is such a significant event. Through birth "the baby presents itself to the world (…) and this ushers in a different kind of responsibility than the foetus in the womb is capable of appealing for." (138) Personally, I am inclined to agree with this assessment. However, what strikes me as problematic is that what the embryo or foetus *is* seems to be regarded as completely irrelevant for how it should be treated by us. The only thing that matters is how it *appears*. This shows the limits of the phenomenological approach: appearances change. There is no one way (and, more importantly, no right way) to experience things. Different women will feel differently about their child. Some may well feel it as an alien intruder. Should we then really make the protection that we grant the unborn child dependent on the way its mother feels about it?

Svenaeus' analysis of the ethics of organ transplantation faces similar problems. "A phenomenological exploration of organ transplantation will be tied to fundamental questions about what type of relationship we have to our own bodies, as well as what kind of relationship we have to each other as human beings sharing the same being-in-the-world as embodied creatures." (124) Those relationships are indeed important to consider. Yet they, too, can change, and it is not clear to me whether a phenomenological bioethics can give us any guidance as to how those relationships should be. On what grounds could it do that? Svenaeus points out that heart transplants are different from liver transplants because the heart *means* something different to us, which is no doubt true. Yet once again, meanings can change. They do all the time. Svenaeus favours an ethics of sharing organs with others as an acknowledgement of our common humanity, and I very much like this idea. However, does such an ethics really *follow* from a phenomenological understanding of body parts as "not just another type of things to be traded but, rather, (…) fundamental parts of our self-being" (136)? Could we not just as well conclude that precisely for that reason we should not support any form of institutionalized organ transfer?