To The Graduate Council:

I am submitting herewith a dissertation written by Danny Lee Franke entitled "Suffering in the Clinical Setting." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Philosophy.

Rem B. Edwards, Major Professor

We have read this dissertation
and recommend its acceptance:

Accepted for the Council:

Associate Vice Chancellor
and Dean of The Graduate School

SUFFERING IN THE CLINICAL SETTING

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Danny Lee Franke

August, 1994

DEDICATION

This dissertation is dedicated to

Melissa

for sharing my dream.

ABSTRACT

This dissertation begins with the assumption that there is suffering in this world. In Chapter II I explore the notion of suffering by looking at the relationship between suffering and pain, suffering and personhood, and suffering and values.

Chapter III is about suffering and autonomy. I begin with why autonomy matters so much by exploring the three key aspects of autonomy that are freedom, responsibility, and the individual. In the next two sections of this chapter I demonstrate the close relationship autonomy has to suffering by showing that there are conditions under which suffering may diminish autonomy and conditions under which autonomy may diminish suffering. I conclude this chapter with how all this relates to the clinical setting by way of the topics of informed consent and refusal of treatment.

Chapter IV discusses suffering and justice. I begin with a look at the nature of justice. I then examine the distinction between justice and misfortune as it relates to suffering. I examine two major views concerning this distinction and develop a new way of looking at them. In the last section of this chapter I point out how this new approach can affect our thinking about justice and the social responsibility concerning the allocation of health care.

In Chapter V I look at the relationship between suffering patients and physicians. The first part of this chapter is concerned with an argument that physicians have a responsibility toward suffering patients. The responsibility I argue for concerns providing opportunities for healing to occur in the lives of suffering patients. I also explore the importance of good communication between physicians and suffering patients as it relates to this responsibility. Based on how suffering interacts with autonomy and justice, and the role it plays in the relationship between physicians and suffering patients, I believe the argument can be made that suffering is an important issue for medical ethics that needs to be reevaluated in light of current trends in medicine.

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CHAPTER I

Introduction

My interest in suffering goes back many years. As an orderly in a hospital while in high school, and later as a chaplain in a hospital after seminary, I have known numerous persons in situations in which: 1. Both they and I agreed they were not in a state of suffering, 2. Both they and I agreed they were in a state of suffering, 3. I felt they were suffering but they did not, or 4. I felt they were not suffering but they felt they were. So questions surrounding what suffering is and how if affects and interacts with other issues of medical care and ethics became numerous. There is a strong sense, then, in which this dissertation has been a personal desire to pursue these questions further.

I must point out that this dissertation begins with an assumption that there is suffering in this world. I do not explore where suffering comes from, or why it exists, or questions of theodicy and religion concerning suffering, although I find all of these both interesting and perplexing on a personal level. They are merely not within the scope of what I attempt to look at in this dissertation. They are also not needed for the purpose of this dissertation or the topic it seeks to explore. I begin with the simple assumption that suffering exists, and that anyone may potentially suffer one day if one has not

already. I am concerned with suffering's already present existence as an effect on medical ethics.

Erich H. Loewy points out that "the capacity to suffer and the desire not to suffer are shared by all sentient beings. It is so basic and fundamental a capacity that we often fail to pay much heed to its importance in ethics" (Loewy, 1991, 1). I believe suffering is an issue worth exploring for its relationship to medical ethics. This dissertation merely explores this relationship in the smallest of avenues. The notion of suffering is a huge topic, of which many dissertations and books have been and could yet be written from a variety of disciplinary perspectives. This dissertation is an attempt to examine some ways in which there is an important connection between suffering and medical ethics.

In Chapter II I explore the notion of suffering by looking at three key aspects of suffering. The first part involves the relationship between suffering and pain. The second part involves the relationship between suffering and personhood. The third part involves the relationship between suffering and values (intrinsic and instrumental). I explore different ideas as to how an instrumental value may result from suffering by looking at some key figures in philosophy. Under the topic of what I call traditional philosophy I look at Immanuel Kant and John Stuart Mill. Under the topic of existentialism I look at Karl Jaspers

and Soren Kierkegaard. And under the topic of Christianity I look at Thomas Aquinas, Martin Luther, and John Hick. In no way am I intending this to be a complete examination of this topic amongst leading philosophers. I did, however, pick out what I felt were some key people that had something important to say about the nature of suffering.

The next two chapters are an attempt to explore the relationship between suffering and two theoretical issues in medical ethics. Chapter III is about suffering and autonomy. In the first part of this chapter I investigate why autonomy matters to us so much. I choose three aspects of autonomy that I believe are of tremendous value to us as humans. These three are freedom, responsibility, and the individual. By exploring in more detail why these three are important and how they are connected to autonomy I will demonstrate why autonomy matters so much.

In the next two sections of this chapter I will demonstrate the close relationship autonomy has to suffering. I expect to show that there are conditions under which suffering may diminish autonomy, and then to show that there are conditions under which autonomy may diminish suffering. I believe that there are very specific conditions under which this relationship between suffering and autonomy may develop, and both are worthy of exploration.

Because I value autonomy, and believe suffering ought to be kept to a minimum or eliminated when possible, the better relationship then is for autonomy to diminish suffering. To show how to accomplish this in a practical setting will be the purpose of the last part of Chapter III, by means of an exploration of the topics of informed consent and refusal of treatment. In this chapter, then, I will demonstrate why autonomy is important, its dual relationship to suffering, and argue for autonomy that diminishes suffering by way of a practical application.

Chapter IV discusses suffering and justice. In the first section I provide a short examination of what is meant by justice according to some prominent theorists. I will examine a few key concepts concerning justice as mentioned by a few leading philosophers. One of the reasons for this section is to remind readers how diverse thinking is concerning the topic of justice.

In the second section I will examine the distinction between justice and misfortune. This is actually the key distinction in any discussion about suffering and justice. I will examine two major views, that of H. Tristram Engelhardt and Paul T. Menzel, which give the appearance of being in opposition to each other. What I want to show is a new way of thinking about this distinction and how both Engelhardt and Menzel fit into that new approach.

In the last section of this chapter I point out how this new approach can affect our thinking about justice and the social responsibility concerning the allocation of health care (or relief of suffering). My aim here is to show how this new approach involving notions of suffering, justice, and misfortune can have a practical impact on health care distribution and administration. In this way then each section lays a foundation for the next section until it culminates in the practical effect that is a result of the association between justice and suffering.

Neither Chapter III nor Chapter IV claim to be an exhaustive work on this topic. Themes like autonomy and justice are the subjects of numerous dissertations and books on their own. I do, however, examine some very specific ways in which these two theoretical issues in philosophy interact with the notion of suffering. This in turn seems relevant to the practical or applied field of medical ethics in the specific ways I point out in the last section of each of these two chapters.

In Chapter V I look at the relationship between suffering and health care professionals (physicians). Whereas Chapters III and IV are more theoretical in nature, Chapter V is more directly concerned with suffering as an issue for the applied or clinical medical ethical setting. One aspect I will examine concerns the notion of responsibility toward suffering on the part of physicians.

I will also explore the need for good communication between physicians and patients who are suffering. In exploring both of these concerns (responsibility and communication) I will build on the previous chapters. Based on how suffering interacts with autonomy and justice, and the role it plays in relationship to physicians, I believe an argument can be made that suffering is an important issue for medical ethics that needs to be reevaluated in light of current trends in medicine. As a result the need is great for clear and meaningful dialogue and communication between physicians and those who are suffering. This ought to be a major concern and goal for all physicians.

CHAPTER II

What Suffering Is

What is the definition of suffering? From a philosophical perspective, to answer this is not a particularly easy task to undertake. What, then, does it mean to suffer? This becomes even more complicated to answer. Most people will probably acknowledge the presence of suffering in general, and more specifically describe their own personal suffering. But to define it in a way that is in agreement with all people becomes difficult if not impossible. In this chapter I will attempt to explore the notion of what suffering is by looking at three key aspects of suffering. The first part involves the relationship between suffering and pain. The second part involves the relationship between suffering and personhood. And the third part involves the relationship between suffering and values (intrinsic and instrumental). These three ways of exploring the concept of suffering provides a rich and meaningful (albeit not precise) depth to what suffering is all about, which in turn becomes relevant for medical ethics.

Suffering and Pain

When one thinks of suffering, one often thinks of pain. Physical pain and suffering often do go together. However, as

I will point out in this section, suffering need not involve physical pain. A distinction then between types of pain is important at this point. One can imagine two types of pain: physical pain (both in the objective sense and subjective sense) and mental pain.

By physical pain in the objective sense I mean physical or bodily pain in which the cause can be identified. There would be some physical explanation for this pain. An example of this kind of pain might be a broken bone or a burn to the skin or a kidney stone; where there is some physical cause that can be identified by way of examination or tests. By physical pain in the subjective sense I mean physical or bodily pain in which the cause has not and/or cannot be identified. In other words it may be that the cause has not been identified because there are no tests or procedures that have the ability to identify the cause. Or it might also be the case that there is no way to identify the cause of some physical pain that people experience. There would not be a physical explanation then for this kind of pain. For example, this sometimes occurs when patients complain of back pain but no cause for the pain can be revealed either by examination or tests. By mental pain I mean pain associated with mental states. For example, grief, anguish, sorrow, nagging worries, etc. These mental states may cause suffering but are not necessarily connected to a physical source in the one

suffering (though many physical pains may cause mental pain as well).

Generally, when someone speaks of pain and suffering, in a medical context, I suspect they equate physical pain with suffering. While this is a very important dimension to suffering, it is important to remember that suffering can still mean more than mere physical pain alone. To attempt to understand the notion of suffering in its richest and fullest meaning, this distinction between physical pain and suffering is an important one and must not be overlooked.

In an attempt to make this distinction between physical pain and suffering, Rem B. Edwards, David H. Smith, and Erich H. Loewy have all articulated thoughts that I have found helpful for this purpose. Edwards notes that the attempt to classify different kinds of pains is quite old. He points out that

> Epicurus, Aristrippus, Plato and Aristotle and innumerable later philosophers have recognized an important difference between two different classes of pains, variously characterized on the one hand as physical, sensory or bodily, and on the other hand as mental, spiritual, non-sensory or psychological (Edwards, 1984, 515).

As for himself, Edwards differentiates between the two classes of pains along what he calls phenomenological lines in his book, Pleasure and Pains: A Theory of Qualitative Hedonism.

For Edwards then "the so-called bodily pains are those which are given to immediate subjective experience as being located in some fairly definite place or region of the body." Furthermore,

> bodily pains are those which are immediately experienced as having bodily locus, whereas spiritual pains are those which are immediately experienced as non-localized, as having no specific bodily place. This is purely a phenomenological distinction and does not commit us in any way to any controversial theses in metaphysics, etiology, or neurology (Edwards, 1984, 515).

Along the same way of thinking about pains is Erich Loewy. He points out that

> bodily pains (for which the question 'where does it hurt' is an appropriate one) and pains of the soul (for which such a question has no clear meaning) are, by that analysis, both describable as pain. But the one (whether it does or does not have a demonstrable organic cause) is experienced as having a definite bodily locus, the other does not. (Loewy, 1991, 3).

There ought to be no disagreement among philosophers or others that pain can be thought of as either mental pain or physical/bodily pain, or even some combination of both. How that distinction is made is not as important for this paper as is the recognition that there is a distinction. Suffering, then, is a concept that may often involve physical pain, and yet may also never involve physical or bodily pain. Suffering is something that may involve more than physical pain or be distinct from it. This is important for medical ethics.

For example, Edwards points out that "much actual harm and neglect to patients results from restricting 'pain' to 'bodily pain', for it frequently happens that a patient's suffering is dismissed as 'psychological,' 'imaginary' or 'unreal' when it is thought not to be bodily localized in nature." Furthermore, he notes the concern that "those who believe that pains of soul are somehow unreal also find it easy to convince themselves that the ethics of pain management does not apply to that kind of suffering" (Edwards, 1984, 516). While the real possibility exists that one may be suffering, even in the absence of physical pain, the real possibility exists as well that that kind of suffering may be overlooked or neglected. It is an important aspect of suffering then to keep in mind that suffering may in fact involve more than or something distinct from physical or bodily pain.

The expression "pain and suffering" is often used in ways to differentiate between these two classes of pain which Edwards has distinguished, although he rightly points out that "there is a certain redundancy here in that 'suffering' includes both types of pain" (Edwards, 1984, 516-517). Suffering in the sense other than physical pain can be as real and often worse than physical pain according to Edwards. "Unless this is acknowledged, professional responsibilities in the area of managing those unnecessary intrinsic disvalues directly generated by injury and disease will likely not be fulfilled" (Edwards, 1984, 517).

David H. Smith also makes a distinction between suffering and different aspects concerning physical pain. One such aspect is the intensity of the physical pain. He points out that

> a prisoner being tortured to extract secrets suffers, but it does not follow that the presence of pain is either a necessary or a sufficient condition for the presence of suffering. It would seem strange to think of someone who experiences only minor pain as suffering; the annoyances of cramping shoes, a small boil, and a scratch are painful, but it would be bizarre to describe their subject as suffering. In order to cause suffering,

then, pain must be of certain intensity: it cannot be trivial (Lammers and Verhey, eds., 1987, 255).

There is another aspect to physical pain that Smith points out which involves the duration of the physical pain. He notes that not even every serious physical pain is a cause of suffering.

> When a wound is cauterized or an abscess lanced, there may be intense pain, but there is no suffering. Decapitation may be painful, but if we abstract from the anticipation of the event, we do not think its victim suffers. The reason is that suffering involves pain that lasts for a while; it must have a kind of duration. That is, if our perceptions were discontinuous, if they did not involve memory and anticipation, we could not suffer. Suffering involves a sense of the continuity of the self in time. Our pain must be recalled or expected for us to be able to speak of suffering. Intense pain of some duration seems to be a sufficient condition for the existence of suffering (Lammers and Verhey, eds., 1987, 255).

Smith makes it clear by way of these illustrations that two examples of suffering by way of physical pain center around the intensity and the duration of the physical pain experienced. At the same time, however, he notes that

intensity and duration of physical pain are not necessary conditions for suffering because one may suffer without even being in physical pain. "When someone worries about the health of a parent, grieves over the death of a child, or has professional hopes smashed, we rightly say that that person suffers." Therefore, "suffering can denote experiences that are not directly associated with physical pain" (Lammers and Verhey, eds., 1987, 255).

Erich H. Loewy also illustrates how physical pain is neither a necessary nor a sufficient condition of suffering.

> It is not a necessary condition because extreme suffering can take place without actual physical pain: the mother watching her child being beaten to death while she stands helplessly by, the wife seeing her husband's agony, or the man seeing his reputation ruined or his work trivialized, are all suffering, sometimes far more profoundly than even those in severe pain. Pain, on the other hand, is not a sufficient condition for suffering: merely having pain does not denote suffering. The young teenager having her ears pierced or the person being tattooed is experiencing pain, but they cannot be said to suffer. The pain is of brief duration, not terribly severe and in pursuit of a desired goal (Loewy, 1991, 8).

It should be noted that Loewy's example of physical pain is different from Smith's concerning duration and intensity. However, Loewy does go on to state that "a combination of severity and duration comes closer to the mark but also is not entirely sufficient" to qualify as suffering (Loewy, 1991, 9). Either way, the point about physical pain as neither a necessary nor a sufficient condition for suffering is a point well made. Loewy goes on to point out that "suffering, no more than thought or feeling, can be reduced to the material things which go to make up neural structures. Our capacity to feel, think, and suffer is far more than that" (Loewy, 1991, 10).

Loewy attempts to ground an ethic on the capacity to suffer. In the process he makes some points concerning suffering as something distinct from physical pain, which makes a natural connection to the next part of this chapter on suffering and personhood. The capacity to suffer implies something more than the mere ability to perceive or to react to physical pain for Loewy.

> Grounding an ethic on the capacity to suffer, then, grounds it in a universalizable quality common to all sentient beings. Grounding an ethic on the capacity to experience mere pain forces one into a morass of considerations dealing with the ability to judge such things (Loewy, 1989, 27).

Furthermore, Loewy points out that

> When entities experience and when they do not experience pain is difficult to judge: does an amoeba withdrawing from a sharp object or do worms experience pain? Certainly there is evidence that they react to noxious stimuli, that they withdraw or avoid them. But that is not quite the same as 'experiencing' pain and a far cry from suffering (Loewy, 1989, 27).

Physical pain, in general, is a warning and can serve as an alarm that something is wrong and one needs to do something about it. "Pain is a protective device, a biologically crucial survival mechanism that is purposively noxious and meant to stimulate behavior leading to escape from the stimulus or situation." But, "suffering does not have quite the same teleological usefulness; it carries with it many more connotations than merely having pain does" (Loewy, 1991, 6-7).

I like Loewy's approach in attempting to ground an ethic on the capacity to suffer rather than on the experience of physical pain alone. It may be true that at times it will be as difficult to determine who is suffering just as it may be difficult at times to determine which entities experience pain. However, just because that difficulty still exists does not negate the importance of a distinction between physical pain and suffering. For medical ethics it is important to

understand this distinction between physical pain and suffering so as to better appreciate the difficulty of determining who is suffering. What I do not want taken for granted is that suffering can be equated to physical pain.

Another important aspect of suffering that separates it from mere physical pain is the strong connections suffering has to hopelessness and despair. Loewy believes that

> knowing that my suffering will shortly come to an end, or that it has meaning, may convert the suffering into endurable pain; knowing or believing that my suffering is interminable aggravates it or converts mere pain (sometimes even relatively mild pain) into profound suffering.

Furthermore,

> despair denotes not only hopelessness in one sphere but hopelessness overall: There will be no improvement, there is no joy and there can be no salvation. It is suffering beyond compare (Loewy, 1991, 10).

Closely connected to this idea of hopelessness and despair is the idea of the future.

> In however primitive a fashion, the capacity to suffer entails an ability to realize the future: I am suffering because a stimulus existed before, exists now and may, for all I know, exist in the

future. It is this realization of future which underwrites hope and courage as well as hopelessness and despair.

According to Loewy,

> to hope or to lose hope implies a realization of the future. We may suffer but have hope or we may have lost all hope and so suffer more. But to suffer we must realize that there was a yesterday and that there is a tomorrow (Loewy, 1991, 9).

While one major understanding then of suffering is that it may involve physical pain, it may also and often is something beyond or more than the presence of mere physical pain. The thoughts of Rem B. Edwards, David H. Smith and Erich H. Loewy make this point convincingly. To attempt to understand the notion of suffering in its richest and fullest meaning, this distinction is important and must not be overlooked.

On the one hand this may all be a rather obvious point no one has really denied, however, on the other hand it has not been so obvious as to be taken into account routinely in the practice of medicine. As medicine is actually practiced suffering is all too often equated with physical pain. I want to explore a richer dimension of suffering, its relevance to topics like autonomy and justice, and the ethical relevance of how physicians relate to patients who are suffering. To do

this I begin with the simple distinction here between physical pain and suffering. This is a first step then in a progression leading up to a concluding chapter on physicians and patients who are suffering.

Suffering and Personhood

Suffering is something that involves and affects personhood (at least human suffering does). When trying to understand what suffering is, or what it means to suffer, one must look at the close and integrated relationship between suffering and personhood. Such is the aim of this part of this chapter. While I make reference to different philosophers and writers on the subject, particular attention will be spent on Eric J. Cassell and Mary C. Rawlinson.

It is important to point out what I mean by personhood, and how it is connected to terms like the self and identity, for the purpose of understanding a relationship between suffering and personhood. I am primarily motivated at this point by thinking of suffering as something which is immensely personal. There are, of course, communities that suffer. However, I tend to think of these as communities of individual persons each in their own personal suffering experience.

When speaking of personhood, I am discussing the essence of that which constitutes being a person. There is debate in the history of philosophy as to what those qualities are that

constitute being a person. That debate is beyond the scope of this dissertation. I am concerned here with personhood first as a mere reference to the notion of an individual. Stephen Priest refers to being an individual as "being the one that one is" (Priest, 1991, 220). It is this notion of individuality, uniqueness, and novelty that I find most meaningful at this point.

Expanding on the notion of an individual person, Priest argues that "A self is an individual that is conscious of itself." In other words, "a self is an individual that is conscious of the individual that it is" (Priest, 1991, 221). Manuel Velasquez refers to the self as "that which persists through changes in a person" (Velasquez, 1994, 81). Again, there have been debates in the history of philosophy as to whether what is being discussed here is memory, a soul, consciousness, etc. The scope of that debate is beyond the purpose of this dissertation also. Whatever it is that persists through changes in a person, I believe every person has it. Furthermore, as each individual person understands it for themself and perceives it to be in other persons, that is how I think of identity in this part of this chapter. That is not the sole definition of identity, but it is the relevant idea for this discussion.

In a very practical sense then I am combining terms like personhood, self, and identity in this part of this chapter.

As I refer to discussions from other philosophers concerning suffering and personhood, they may at times use terms like the self and identity. I believe they all reflect the concepts of something personal, something that is self-understood, something that touches on the deeper metaphysical essence of what it means to be a person concerning personhood and suffering.

How, then, is suffering related to personhood and the individual person? One way they are related is demonstrated by Erich H. Loewy's connection between the ability to think and the ability to suffer. Loewy suggests "Suffering implies a more sustained perception and one which perforce is integrated into memory and linked to thought." Furthermore, suffering is a composite concept. According to Loewy,

> at the very least, to suffer I must have the capacity to remember what has gone before (remember, for example, that my pain was here a little while ago and is here still) and, in the most primitive sense, anticipate the future. To suffer, then, at whatever level implies a rudimentary ability to sense, to integrate such sensation into however rudimentary a memory and, beyond this, to have a sense of future at however primitive a level (Loewy, 1989, 26).

The result of this line of thinking for Loewy is that

> organisms that have, however primitive, a neocortex can, and that those who lack a neocortex cannot, suffer. Making the neocortex the necessary condition of the capacity to suffer is not the same as reducing suffering to the neocortex. It is merely to affirm that in biological systems as we know them (not as we might envision them), suffering is inextricably linked to such a substrate (Loewy, 1989, 26-27).

There is a direct connection then between the ability to think and the ability to suffer. This is not limited to persons alone, but it is an important element within personhood. Personhood involves thinking and suffering, or at least the ability and possibility to experience both.

> Memory may be definable as the ability to re-call however primitively (Kant speaks of this as recognizing: 'knowing again') past events. To experience anything, rather than merely to react reflexly to sudden and at once forgotten stimuli, at the very least requires such an ability. Thought, on the other hand, inevitably linked to memory, may be defined as the ability to integrate external and internal sense experience into memory. Memory and thought - inextricably dependent upon each other - are the necessary conditions for the

> capacity to suffer. In biological organisms as we know them, memory and thought are necessarily grounded in a neocortex (Loewy, 1989, 27).

I find this argument by Loewy to be very convincing. It also serves well the attempt to distinguish between organisms that can suffer and those that cannot based on the presence of a neocortex. The combination of memory and thought in a particular person becomes an important element of that person's identity. Personhood and suffering in the general sense refers to persons as able to suffer. Personhood and suffering in the more particular sense, however, refers to an individual person's ability to suffer in particular and individual ways.

Memory and thought are part of what constitutes the self and identity and therefore personhood. "My self is the summation of my various identifications; when the self so constituted is harmed, then it suffers" (Lammers and Verhey, eds., 1987, 256). David Smith points out that suffering is a kind of identity crisis by virtue of this threat to the self. A threat to the identity of the self is both a necessary and a sufficient condition for the existence of suffering according to Smith (Lammers and Verhey, eds., 1987, 256).

A second way then of relating personhood and suffering touches on the idea of one's individuality. While suffering is something that affects personhood, the particulars of how

that is accomplished may be very different from one person to another. That which threatens one person (and in turn their personhood) does not necessarily threaten another. For example, Smith notes that

> skin blemishes and unattractive clothes cause suffering to a teenager that is as genuine as professional failure or bursitis to a middle-aged parent. The common core in the experience of suffering is always the same, however. Suffering is associated with a disruption in the coherence and order that I perceive in the world (Lammers and Verhey, eds., 1987, 256).
>
> We suffer in a particular context and we carry to our suffering an emotive baggage of present context as well as of history and a sense of the future (Loewy, 1991, 4).

This understanding of the relationship between suffering and personhood is explored in length by Eric J. Cassell. He points out that

> learning how suffering is recognized is important to ethics (as well as to medicine) because of the light it sheds on the nature of persons and individuality. Understanding in ethics grows not only through the evolution of ethical theory but through the expansion of knowledge about the

> subject of ethics - persons. For both medicine and ethics it is important to discern the kinds of knowledge required to know about the suffering person (Cassell, 1991, 24).

One way in which Cassell talks about suffering and personhood is through the use of the term 'whole person.' Cassell identifies suffering as "the distress brought about by the actual or perceived impending threat to the integrity or continued existence of the whole person." Cassell does not mean by this

> solely the whole biological organism - the solid bounded object - although it may be the object of the threat, for persons, while they may be identified with their bodies, cannot be whole in body alone. Nor should the threat to the whole person be understood as solely a quantitative matter - that persons subjected to more than x amount of pain or y amount of tissue destruction suffer (even if this amount of pain or tissue destruction may virtually always cause suffering) - since one individual may suffer from pain considered unimportant by another (Cassell, 1991, 24).

One key element in this relationship between suffering

and personhood concerning individuality is a sense of the future. Cassell points out that

> a threat, by definition, refers to the future. In fact, suffering is sometimes caused by the fear that a terrible pain will recur even though, at the time of the suffering, the person has no pain (Cassell, 1991, 24).

An illustration Cassell offers involves the person who may say that if their pain keeps up they will not be able to take it, while they are tolerating the pain at the time they say this.

There is more involved in this threat to the whole person than simply a sense of the future and the past.

> The idea of future disintegration requires an enduring sense of personal identity - the identity must be conceived of as continuing into the future. In addition, the person must have concern for the preservation of the identity, otherwise disintegration or loss of intactness would not be a threat (Cassell, 1991, 25).

Where does this self-identity come from? Cassell believes

> it is my idea of my self that constitutes my self identity, and that concept is only one possible cohesive perspective on the myriad details drawn from the past and present of my person.

Furthermore,

> this identity is always in an evolving relationship with the facts of its existence. To be 'true to myself,' I must adapt to some facts of the present but defend my self-identity against others - for example, behaviors of my own and responses to me from the environment and others - that conflict with my ideas of myself.

Cassell believes this is why

> others commonly know us - even in great detail - as different in many respects from what we know ourselves to be, and why I can believe myself to be threatened into suffering by things that others who know me do not believe are important (Cassell, 1991, 25).

In other words, Cassell argues for a sense of personal identity that is closely connected by memory to the past and by hopes and plans for the future. Personal identity anticipates the future and expects to keep entering the future. Because this is important to the self the loss of such could be seen as a threat to the self. My self-identity is involved with the facts of my existence. When that which is personal about me suffers one could say my personhood suffers. But it would be my suffering based on my personhood based on my perceived threats to my existence (or the existence perhaps of someone else that is in a relationship

with me that is so meaningful as to essentially constitute a part of my personhood as well, i.e., child, parent, spouse, etc.).

I believe this notion of self-identity is similar to a notion of personhood, and that Cassell offers a viable explanation of how suffering affects personhood. He points out how "persons know how they have changed for the worse in the past, which provides the basis for their fear of further change in the future" (Cassell, 1991, 25). Personhood in the sense of Cassell's whole person involves a sense of the future and a sense of self-identity. The integration of the two along with the desire to see this continue is one way I view personhood. Suffering, as it poses a threat to either of these components, poses then a threat to personhood.

A third aspect of personhood that is especially important in the context of suffering is the notion of purposes in one's life. An important part of being a person is to have purposes in one's life. Both Eric Cassell and Mary C. Rawlinson discuss this relationship between suffering and frustrated purposes. Indeed, Cassell states that "to be whole and able to suffer is to have aims or purposes. One of these purposes is the preservation of myself as I know myself." These purposes are again related to both the future and the past. He notes that "purposes and their enabling actions are always realized in the future - in the next instant, minute, hour,

day, year, or longer - and that future exists in my ideas now." At the same time, "purposes always refer to or arise in part in the past. As intentions are pursued, unless they are reinvented de novo in each instant, their origins are in the past" (Cassell, 1991, 25).

According to Rawlinson, "any human situation presents an opportunity for suffering. We open a place for suffering whenever we own some purpose as our own: purposes that may be frustrated, ends that we may fail to meet, or possibilities that may never be realized." Therefore, "we are always 'at risk' and subject to loss in precisely those ways in which we are open to and immersed in the world" (Rawlinson, 1986, 41). One aspect of personhood then is this notion of purposes in one's life. And when these purposes are frustrated, the possibility exists that the frustration can cause suffering. Thus another way of relating suffering to personhood.

It is important to keep in mind that these purposes in one's life need not always be limited to grand purposes. Cassell talks about the purposeful action expressed when legs walk, hands grasp, and eyes see. Rightly so, he points out it is a mistake to think only of grand purposes because "daily life is filled from the first to the last second with intentions and purposes. They may not, perhaps most often do not, require anything from consciousness, but they are nonetheless 'self' defining." Indeed, he points out that "F.

H. Bradley uses the little purposes of life to define an aspect of the 'usual self'" (Cassell, 1991, 25). Therefore, as far as personhood is concerned, "that 'myself' is what is injured in illness and lost in suffering" (Cassell, 1991, 25).

> The suffering of the chronically ill starts with their inability to accomplish their previously important purposes. It may actually begin when it finally dawns on the chronically ill person that the life of illness that has been held off for so long and with such effort and determination is now truly imminent. Again, notice that the suffering begins not merely when persons cannot do something but when they become aware of what the future holds, even though at the time of recognition their function has not yet worsened (Cassell, 1991, 25).

As Cassell correctly points out here, one may encounter suffering before one actually encounters a physical loss. The recognition that the future holds a purpose that will be frustrated may occur before the actuality begins.

Personhood is connected to our perception of purposes in our life, and when we realize the potential for frustrated purposes, suffering may occur. The suffering may be real, even if our perception of our frustrated purposes is not accurate. In cases of an accident or unexpected crisis, the actual failed purposes and the realization of them may be

simultaneous. In such an example, there may also not even be suffering for some time afterwards if there is denial or shock due to the trauma. But in instances where one's illness or disease allows them to foresee the inevitable frustrated purposes in the future, the suffering may indeed begin before the actual frustrated purposes occur. Whichever way may be the case, it remains that there is a connection between suffering and personhood by way of purposes people have in their lives, whether it is actual failed purposes or the anticipation of failed purposes. In noting the role pain can play in one's life as written about in the book authored by David Bakan, Disease, Pain and Sacrifice, Cassell also points out how "so too suffering, which arises with the loss of the ability to pursue purpose, defeats purpose." Furthermore, "the task of the person is the centralization of purpose (and the task of maturity, the centralization of conscious or chosen purpose), while disease, pain, and suffering may contain within them the defeat of such purpose" (Cassell, 1991, 25).

In exploring the relationship of purposes to personhood, and how suffering is related to frustrated purposes, Mary Rawlinson builds on the thinking of Freud. She points out that

> suffering, as Freud (1961, p. 24) suggests, may visit the individual from three directions: (i)

> from his own body, (ii) in his relations with others, or in the theatre of intersubjective life, and (iii) with respect to his powers of self-possession, self-regulation, and production vis-a-vis the external world, or in the arena of the will.

To these three Rawlinson adds a fourth

> that comprehends the economic relationships among the other three orders, that is, the effect of suffering upon the overall organization and unity of the subject's purposive activity. Suffering in (iv), the sphere of universal alteration, presents as an attack upon the fundamental coherence of the sufferer's world (Rawlinson, 1986, 41-42).

All three of Freud's ways as well as Rawlinson's fourth way in which suffering may visit the individual have an interesting connection to purposes and personhood.

In reference to the first way, a distinction is made between the body as object or thing in the world and what is called the 'lived body.' As Rawlinson points out,

> in his Phenomenology of Perception, Merleau-Ponty (1962) argues that the body functions as a system of access to the world, constituting the background of an 'undivided power' from which gestures, words, and actions emerge. As such, the body does not

> exist partes extra partes, but as an intentional unity.

Furthermore,

> the 'lived body' cannot be comprehended as a mere mechanism or as an object like any other in the world; rather, it is a domain of delimited access to and power for shaping the world (Rawlinson, 1986, 42).

When something gets in the way to obstruct our access to the world, we suffer.

> In illness one discovers one's embodied self as an obstacle in one's own project of encountering and shaping the world. Illness necessarily involves the suffering of alienation, of being set against one's self in falling prey to possibilities one does not own (Rawlinson, 1986, 43).

The example Rawlinson explores is that of Ivan Illych and his fatal illness in the novel by Leo Tolstoy, and in the process she points out how this first way of suffering according to Freud leads to frustrated purposes.

Building on the first way, the second way of suffering according to Freud now comes about from relations with others in community. Rawlinson believes that

> surely Sartre overstates the case when he states that 'hell is other people', for recognition,

communion, and loyalty do make an appearance on the stages of intersubjective life.

Therefore,

> when illness isolates and alienates a patient from those social roles through which his position in the community or system of discourse is realized, this disconnectedness itself constitutes a critical feature of his suffering (Rawlinson, 1986, 45).

It is Rawlinson's addition of the fourth way of suffering, however, that I find most interesting and wish to look at more closely as it pertains to personhood and frustrated purposes. She points out that

> such universe altering events, moreover, as severe illness, death, violence, or war call into question both the individual's very capacity to maintain itself as a whole and the idea of the whole according to which that organization takes place.

The result is that

> the individual becomes both alienated from that purposive activity that distinguishes him and disconnected from the idea of the whole that revolves the fragmentations of his life. There no longer seems to be any purpose with respect to which all things can be measured and valued (Rawlinson, 1986, 47-48).

When these frustrated purposes occur we have the real possibility for suffering.

I like the way in which Rawlinson takes the thinking of Freud and builds on it concerning personhood and frustrated purposes. As I understand this fourth way of suffering, Rawlinson intends for it to pull the other three together. While Freud points out the three distinct directions from which suffering may visit the individual, Rawlinson ties them all together and points out how any and all of them can lead to a frustration of one's purposes, goals, and direction in life. A particular invasion of the body may cause a particular example of suffering. But as that particularity keeps the individual from larger goals and purposes in life there is a kind of additional suffering. One may suffer from the particular event, and also suffer due to all else that the particular event kept one from accomplishing.

In this sense I understand Rawlinson to be describing suffering as not only that which in particular happened or took place, but in addition to include all that may have been denied in the future as well. Therefore, the suffering is not only due to that which frustrated the purposes, but also the frustrated purposes themselves. This is important to keep in mind for medical ethics. When a physician encounters a patient suffering due to a medical illness, that patient is suffering not only because of the ways that illness is

affecting his or her body. Rather, that patient is also suffering in ways that the illness is preventing the individual from pursuing goals and purposes in life. This is an important point for the last chapter in this dissertation.

Like many other writers I have quoted on this subject, Rawlinson also believes that this ability to have purposes is then a requirement for suffering to take place. She notes that

> if human beings did not take specific purposes as their own, and if they were not temporally extended and always differentiated from those ends, they could not suffer. In this owning ends and being distant from them, the human being puts himself 'at risk.'

Furthermore,

> because this movement toward and according to horizons of value is essential to being human, we are essentially, and not accidentally or contingently, subject to the possibility of suffering. When the continuity of our movement toward and according to these horizons of value is ruptured, we suffer (Rawlinson, 1986, 49).

Rawlinson drives home the point that any and all human beings face the possibility of suffering. This is a valid and important point. In the clinical setting I suspect too much

attention is paid to whether one is suffering or not based on physical pain. In this broader and richer way of understanding suffering as frustrated purposes, one can imagine a number of ways that suffering may be experienced by patients in the clinical setting. Unless one gets to know the patient better, it may not be evident at all what purposes are frustrated and in what ways. The real possibility of this happening to anyone does exist however.

The end result is that

> suffering names the experience of and alienation from or disruption in one's own ends or purposive activity and an inability to maintain the ordered wholeness of one's world (Rawlinson, 1986, 50).

In this section of this chapter on suffering and personhood, I have explored some of the ways it may be said that suffering affects personhood. Indeed, I believe it is an important aspect of suffering to recognize. Whether it be thought of in terms of whole person or frustrated purposes or something else, the point is still made that suffering is something that adversely affects personhood and therefore affects persons. For as Cassell points out,

> for suffering to occur, a threat to the intactness of person must exist. This requirement necessitates a self-knowing identity that endures through time and is characterized in addition by

> aims and purposes, one of which is the preservation of self that demands a knowledge of a surrounding world that includes others (Cassell, 1991, 26).

There is one last aspect of suffering and personhood to be addressed in this part of the chapter. That would be the issue of how suffering is individual in nature, and yet takes place in community as well. We are individual persons with individual aspects of personhood affected by suffering, and yet this takes place among other individual persons that suffer or have the potential to suffer as well. Cassell points out how suffering is an individual matter. While there could be a threat or an injury so overwhelming that every individual exposed would suffer, he goes on to make the point that nonetheless, "the suffering of each will be individual and particular despite common characteristics that make suffering possible" (Cassell, 1991, 26).

On the other hand, Loewy points out that "suffering happens not just to individuals but to individuals in community." For he believes that

> the nature of suffering (not only how we behave when suffering but also those things which cause us to suffer) is conditioned, and in a very real sense defined, by the community in which it occurs. Examples of this are not rare: a person who is suffering severely in one place or under one

> circumstance, may not do so or may do so far less in another place or circumstance.

The example Loewy gives is the hospice movement, in which

> a person may not truly suffer or may suffer far less under similar circumstances in the embrace of religious (or other close-knit) community than he or she would in another context (Loewy, 1991,6).

Cassell also points out that

> the individual is whole only in a world of others. In the thinking of George Herbert Mead, the self is a social construct and unthinkable in the absence of others and of the spoken language of which it is constituted. There is no person without others, virtually no idea, belief, or concept which, when traced to its origins, will not entail a peopled world (Cassell, 1991, 26).

"Suffering, therefore, is a process which has biological and social dimensions inextricably intertwined with each other" (Loewy, 1991, 12-13).

There are two interesting and important aspects of this relationship between persons and community as relates to suffering. One is that the presence of a supportive community in time of suffering, in which as Loewy says "supplies solidarity and purpose," often means that the suffering is transmuted or diminished in a real sense. With the support of

such a community, individuals may not even think of themselves as suffering, whereas if they were truly alone in their situation they would know suffering is taking place. This then leads to the second interesting aspect here, that suffering tends to separate persons from community. "Suffering persons tend to withdraw into themselves and to feel alienated from a community going on with its daily lives and tasks while they suffer" (Loewy, 1991, 13). In fact, I think the loss of community in time of need may be what creates a condition of suffering for some people who otherwise might not think of themselves as suffering.

This section of this chapter covered some key points. I began with a discussion of terms such as personhood, identity, and the self. Personhood here is understood as referring to individual persons and selves who all are subject to the possibility of experiencing suffering. I first examined the relationship between suffering and personhood as a relationship which involves an individual person's ability to think and ability to suffer. A second way I examined the relationship between suffering and personhood involved the way in which suffering touches on the idea of one's individuality. A third way I examined the relationship between suffering and personhood centered around the notion of purposes in one's life and suffering as frustrated purposes. The last way I examined the relationship between suffering and personhood

involved the nature of individuals suffering while in community. All of these relationships between suffering and personhood enrich the meaning of suffering as something beyond the presence of physical pain alone.

In conclusion of this section, I believe the point has been made that suffering is something that interacts with personhood in important ways. When that which is relevant to being a person is destroyed or lost, such as purposes in life, then the person suffers. Whether those purposes can be recaptured or reinterpreted in new other ways, largely with the help of a supportive community, will affect the degree of suffering to take place. This then introduces the next section on suffering and values, and whether values or meaning can be added to suffering via an interpretation of the suffering.

Suffering and Values

Is there any value in suffering? I believe it is safe to say that the majority of persons who have written and thought about suffering, regardless of background or persuasion, do not believe there is any intrinsic value in suffering. Suffering, in and of itself, is not of any value intrinsically speaking. However, there are many philosophers and theologians who grant the possibility (and in some cases the probability) of there being an instrumental value in

suffering. Suffering can not guarantee this. However, under the right conditions or in the case of the right kind of suffering or suffering for the right reasons there exists the possibility of an instrumental value to be gained from the suffering experience.

Suffering, then, is something that is not intrinsically valuable in and of itself, but may involve an instrumental value. In my experiences I have witnessed this to be the case many times. Of course, the kind of instrumental value to be experienced and how that value is to come from suffering is very subjective. The literature in the history of philosophy and theology is very rich concerning this topic. Human beings, since the beginning of written records at least, have sought to address this issue. It ought not come as any great surprise that this is one of those issues in the history of humans in which there has been no agreement or consensus. I do not find this particularly troublesome in and of itself, rather I see this as a way in which the topic of suffering is highlighted as being of great importance to all humans. The diverse attempts to find instrumental value in suffering means suffering is important. And because medicine encounters people who are suffering, it means suffering is important for medical ethics.

In this section I explore what representative thinkers from traditional philosophy, existentialism, and Christian

theology/philosophy have to contribute concerning this theme. My aim is to point out some of the rich diversity in thinking concerning suffering as an instrumental value, as well as evaluating these views on the basis of which of them I find more meaningful to the philosophical discussion. Clearly the notion of suffering as an instrumental value is subjective, personal and important. An understanding of how different philosophers think about this topic, along with the power of the influence of their thinking on communities and society at large, is important for a rich understanding of what suffering is about and its importance for medical ethics. The purpose here then is not to discover one right answer, but to explore the importance of some representative viewpoints for a better understanding of what suffering is about.

Rem B. Edwards demonstrates how pain may have no intrinsic value and yet produce an instrumental value. While pain does not equate to suffering, this example is a good analogy concerning suffering and instrumental value. He points this out in his book Pleasures and Pains, where he defines 'pain' in the generic sense as

> any quality of feeling which we ordinarily desire to eliminate or avoid for its own sake. This broad concept of pain is perfectly compatible with our usual willingness to accept pains which are seen as necessary instrumentally for the achievement of our

> long range goals, and with our attempts to endure with dignity those pains which are unavoidable no matter what anyone does to help. The acceptance of necessary pains is in no way incompatible with the value judgments that both necessary and unnecessary pains are intrinsically bad, worth avoiding for their own nasty sake, even when the necessary ones must be endured (Edwards, 1984, 516).

I believe we can think of suffering in this same way as Edwards described pain. Suffering also may be seen "as necessary instrumentally for the achievement of our long range goals." In a medical context one's suffering may be instrumental in that it produces such values as cures for others, examples for others later in life, or even for some value to be received in an afterlife once the suffering of this life is completed. As I will demonstrate in this section, there are a number of perceived ways to experience instrumental value from suffering, and not all of them are immediate.

One way in which suffering is seen as having instrumental value concerns whether the suffering has any meaning or not. In other words, meaning attached to one's suffering could be an instrumental value. Erich H. Loewy believes

> sensation becomes pain when it is perceived in certain ways, and pain can become suffering when it

> is seen to serve no purpose and, in that sense, to have no meaning.

Therefore,

> understood pain or discomfort, then, is no longer suffering in the same sense as is the same pain or discomfort when its meaning or purpose is not understood (Loewy, 1991, 4).

This is a powerful argument. On the basis of numerous experiences I had as a hospital chaplain this is an accurate portrayal of the way in which many people distinguish between their pain as suffering and their pain not classified as suffering. For many people the attachment of some meaning or purpose for what they were experiencing eliminated any notion of that experience as suffering. It is as if suffering is as much about uncertainty and confusion as it is about pain. Assigning the painful experience certainty and meaning eliminated a sense of suffering for many patients I got to know.

Viktor E. Frankl points out that

> whenever one is confronted with an inescapable, unavoidable situation, whenever one has to face a fate that cannot be changed, e.g., an incurable disease, such as inoperable cancer, just then is one given a last chance to actualize the highest value, to fulfill the deepest meaning, the meaning

> of suffering. For what matters above all is the attitude we take toward suffering, the attitude in which we take our suffering upon ourselves (Frankl, 1963, 178).

By Frankl's definition, then,

> suffering ceases to be suffering in some way at the moment it finds a meaning, such as the meaning of a sacrifice (Frankl, 1963, 179).

Perhaps a key question to address centers around "which" way suffering ceases to be suffering. In the last chapter of this dissertation I will discuss the possibility of healing as a means in which suffering is no longer thought of as suffering. There are many ways Frankl suggests that suffering can make a contribution to life, and thereby cease to be suffering. One such possibility is that suffering forces us to keep a clear picture in our minds of the ideal in life. Frankl notes that

> as long as we are still suffering from a condition that ought not to be, we remain in a state of tension between what actually is on the one hand and what ought to be on the other hand. And only while in this state of tension can we continue to envision the ideal.

The result is that

> suffering therefore establishes a fruitful, one might say a revolutionary, tension in that it makes for emotional awareness of what ought not to be. To the degree that a person identifies himself with things as they are, he eliminates his distance from them and forfeits the fruitful tension between what is and what ought to be (Frankl, 1986, 107-108).

Furthermore, Frankl points out that

> suffering is intended to guard man from apathy, from psychic rigor mortis. As long as we suffer we remain psychically alive. In fact, we mature in suffering, grow because of it - it makes us richer and stronger (Frankl, 1986, 109).

Of course Frankl is making a very strong statement to get his point across. I do not think there is a guarantee suffering will accomplish all Frankl suggests it will. In fact, for many people, I do not believe suffering produces any instrumental value whatsoever. Suffering destroys many people. And surely Frankl is more aware of that than I am. I do, however, believe that suffering may be an instrumental value if it produces the results Frankl suggests. And I do believe this has been the case for many people, Frankl apparently included. My point is not to guarantee instrumental value from suffering, but rather to be open to a

real possibility that some instrumental value may be a result of suffering.

The end result for Frankl is that suffering is a part of life, and how we approach it or take advantage of it will determine whether there is an instrumental value to be gained from suffering. For Frankl,

> suffering and trouble belong to life as much as fate and death. None of these can be subtracted from life without destroying its meaning. To subtract trouble, death, fate, and suffering from life would mean stripping life of its form and shape. Only under the hammer blows of fate, in the white heat of suffering, does life gain shape and form (Frankl, 1986, 111).

There are situations in life in which persons can fulfill themselves only in genuine suffering according to Frankl. There is no other way.

> And just as men can miss the 'opportunity for something' which life means, so can they miss their opportunity for genuine suffering, with its opening for the actualizing of attitudinal values (Frankl, 1986, 113-114).

This section, then, will explore different ideas as to how an instrumental value may come about from suffering, based on the

thought of some important and relevant philosophers and theologians.

Traditional Philosophy

Immanuel Kant

Kant describes happiness as pleasure in our state as a whole while pleasure in one's own person is called self-contentment. Kant sees the world as a place where virtue may come from difficulty. He points out that

> if there were no disproportion at all between morality and well-being here in this world, there would be no opportunity for us to be truly virtuous (Kant, 1978, 121).

Furthermore,

> in this earthly world, there is only progress. Hence in this world goodness and happiness are not things to be possessed, they are only paths toward perfection and contentment. Thus the evil in the world can be regarded as the incompleteness in the development of the seed toward good (Kant, 1978, 117).

It seems possible then that suffering could be an expression of the evil Kant refers to when it hinders the development of the seed toward good. On the other hand, it appears possible that suffering may also be a path toward

progress, in that through suffering virtue may come about and the seed develop toward good. In this understanding of Kant I see suffering as something which does not guarantee instrumental value, but at the same time does not eliminate the real possibility of instrumental value either. Suffering may be the instrument whereby human beings have the potential to progress toward good.

This theme is further developed by Kant when he states how

> the measure of happiness for a creature cannot be determined from one point of its existence. Rather God's aim is the happiness of creatures throughout the whole duration of their existence. Ill is only a special arrangement for leading men toward happiness. Then again, we know too little of the outcome of suffering, of God's purposes in it, of the constitution of our nature and of happiness itself, to be able to determine the measure of happiness of which man is capable in the world. It is enough that it is within our power to render most ill harmless to us, indeed to make our world into a paradise, and to make ourselves worthy of an uninterrupted happiness. But ill is necessary if man is to have a wish and an aspiration toward a better state, and at the same time to learn how to

> strive to become worthy of it. If man must someday die, he must not only have sweetness here. Rather, the sum, the whole facet of his sufferings and his joys must finally be brought into relation. Is it possible to think of a better plan for man's destiny? (Kant, 1978, 119-120).

While Kant apparently believes the way the world is structured is a good plan for man's destiny, this does not leave man free of a responsibility to use it correctly and wisely. Nor does it mean humans may not miss any advantage the world has to offer altogether. For Kant points out that "if we torture ourselves with remorse instead of quickly applying our attitude of will to improve our conduct, we are merely wasting our pains" (Kant, 1974, 104). There is no guarantee then that suffering will produce an instrumental good, but it does seem to have that potential in certain circumstances.

Furthermore, it appears Kant has left open the possibility that some (if not all) of the instrumental value to be gained from suffering is to be gained in a life after this one. He also alludes to the possibility that someone who is suffering may not be able to see the instrumental value themself, but God may have a purpose and value in it for someone else. Of course, this involves certain metaphysical beliefs about the existence of a supernatural being and

purposes and intentions that supernatural being has for the world. Not everybody accepts this. But for those who do, this way of perceiving instrumental value in suffering is very meaningful and possible. It is certainly one more way of describing suffering as an instrumental value.

Kant believes that

> the most thorough and readily available medicine for soothing any pain is the thought, which can well be expected of a reasonable man, that life as such, considered in terms of our enjoyment of it, which depends on fortuitous circumstances, has no intrinsic value at all, and that it has value only as regards the use to which we put it, the ends to which we direct it. So it is not by fortune but only by wisdom that life can acquire value for us; and its value is, accordingly, within our power (Kant, 1974, 107).

According to Kant then, reason plays a part in whether humans can succeed in turning suffering or setbacks in this world into something positive. Gordon Michalson writes that

> this unified vision can perhaps be expressed as the deep trust that reality as a whole is the scene of an ongoing, cooperative effort between humanity and God in the production of a moral universe. The

vision is profoundly teleological and the goal is explicitly moral (Michalson, 1990, 18).

For Kant, then, reason is what helps humans to turn something negative into something positive. This seems to open the door to the possibility of some kind of suffering leading to a positive value in some way.

In Kant's Critique of Judgment, he makes a distinction to show how reason helps in these matters. He points out that

> there is an essential difference between what we like when we merely judge it, and what gratifies us (i.e., what we like in sensation). The second is something that, unlike the first, we cannot require of everyone (Kant, 1987, 201).

Keeping this distinction in mind, Kant states that

> we can explain how a gratification can be disliked by the very person who feels it (for example the joy felt by a needy but upright person at being made the heir of his loving but stingy father), or how profound grief may yet be liked by the person suffering it (as a widow's sadness over the death of her worthy husband), or how a gratification may be liked in addition (as our gratification in the sciences we pursue), or how a pain (such as hatred, envy, or a thirst for revenge) may be disliked in addition. The liking or disliking in these cases

is based on reason and is the same as approval or disapproval (Kant, 1987, 201-202).

In some examples in Kant's writing it can be seen that there is the possibility of understanding suffering as an instrumental value. One way this might take place is when suffering serves as a path toward progress by way of producing virtue. Through suffering human beings may progress toward good. Another possibility for Kant is that suffering in this life may result in instrumental good in an afterlife, or for some other persons life, either of these as an expression of God's plan or purpose. And finally, it appears that reason plays an important role in the possibility that suffering produces instrumental value for Kant. I find all of these attractive from the perspective of my own metaphysical assumptions and reasoning about the world and the possibilities for instrumental value resulting from suffering, although the most troublesome concerns the notion of instrumental value to be exhibited in an afterlife. While I do not deny this possibility, instrumental value in this life seems more meaningful as it concerns questions of suffering.

John Stuart Mill

Mill appears very optimistic about the possibility of removing suffering by way of removing the causes of suffering from society. He points out that

> no one whose opinion deserves a moment's consideration can doubt that most of the great positive evils of the world are in themselves removable, and will, if human affairs continue to improve, be in the end reduced within narrow limits. Poverty, in any sense implying suffering, may be completely extinguished by the wisdom of society combined with the good sense and providence of individuals. Even that most intractable of enemies, disease, may be indefinitely reduced in dimensions by good physical and moral education and proper control of noxious influences, while the progress of science holds out a promise for the future of still more direct conquests over the detestable foe (Mill, 1971, 23).

While their removal may be grievously slow, Mill believes that "all the grand sources, in short, of human suffering are in a great degree, many of them almost entirely, conquerable by human care and effort" (Mill, 1971, 23). Until this day comes, however, Mill recognizes the reality of suffering and pains in the world. It appears that Mill is not as committed as Kant to an assumption that suffering must be a part of this world. Therefore, it certainly seems Mill is not making a metaphysical case for the nature of the world as a place where suffering must exist as one possible means of becoming

virtuous. At the same time, however, Mill acknowledges suffering as a current reality of the world and furthermore a reality whereby instrumental value may result.

One way in which Mill recognizes the possibility of good coming from suffering is by the virtuous action of the hero or martyr. Mill acknowledges that

> unquestionably it is possible to do without happiness; it is done involuntarily by nineteen-twentieths of mankind, even in those parts of our present world which are least deep in barbarism; and it often has to be done voluntarily by the hero or the martyr, for the sake of something which he prizes more than his individual happiness (Mill, 1971, 23).

He goes on to point out that

> though it is only in a very imperfect state of the world's arrangements that anyone can best serve the happiness of others by the absolute sacrifice of his own, yet, so long as the world is in that imperfect state, I fully acknowledge that the readiness to make such a sacrifice is the highest virtue which can be found in man (Mill, 1971, 24).

It seems, then, that Mill acknowledges the possibility for suffering to produce some good. However, there is certainly no guarantee or necessity that it will in fact do

so. Mill goes on to point out that this suffering as sacrifice is not an intrinsic good in and of itself, but is only an instrumental good as it can produce or create more good or utility elsewhere. Mill states that

> the utilitarian morality does recognize in human beings the power of sacrificing their own greatest good for the good of others. It only refuses to admit that the sacrifice is itself a good. A sacrifice which does not increase or tend to increase the sum total of happiness, it considers as wasted (Mill, 1971, 24).

Invoking his understanding of ethics based on utility Mill makes it clear how one can determine whether suffering is an instrumental value. When suffering produces more good than not, even when that good is for others, it can be said to be of instrumental value. Mill, like Kant, includes good that serves others and not just the one suffering. However, whereas Kant's approach was based on metaphysical assumptions about a supernatural being, Mill's approach is based on an utilitarian measurement of good or happiness in these examples.

Another way, however, in which this theme is touched on by Mill concerns how humans and their world are made, and what this tells us about purposes and God. In a discussion on religion, natural theology, and God, Mill looks at the

attributes of God as we may conclude based on the world we examine around us (A world that includes pains and sufferings). In reference to humans as machinery created by God, Mill points out that

> even in cases when pain results, like pleasure, from the machinery itself, the appearances do not indicate that contrivance was brought into play purposely to produce pain: what is indicated is rather a clumsiness in the contrivance employed for some other purpose. The author of the machinery is no doubt accountable for having made it susceptible of pain; but this may have been a necessary condition of its susceptibility to pleasure; a supposition which avails nothing on the theory of an Omnipotent Creator but is an extremely probable one in the case of a contriver working under the limitation of inexorable laws and indestructible properties of matter (Mill, 1970, 191-192).

The result of all of this is that

> if the motive of the Deity for creating sentient beings was the happiness of the beings he created, his purpose, in our corner of the universe at least, must be pronounced, taking past ages and all countries and races into account, to have been thus far an ignominious failure; and if God had no

> purpose but our happiness and that of other living creatures it is not credible that he would have called them into existence with the prospect of being so completely baffled (Mill, 1970, 192).

Mill thus leaves the door open to there being some purpose or purposes other than just happiness, purposes I assume that may even be found as a positive value resulting from pain and suffering and other negative characteristics of life in this world.

While Mill acknowledges this possibility that humans may be made so as to improve themselves by virtue of the difficulties and sufferings in life that they encounter, he nonetheless points out the problem of so much suffering that exists in the world. Mill notes that some may say the capacity to improve oneself and the world is given by God,

> and that the change which he will be thereby enabled ultimately to effect in human existence will be worth purchasing by the sufferings and wasted lives of entire geological periods. This may be so; but to suppose that God could not have given him these blessings at a less frightful cost, is to make a very strange supposition concerning the Deity (Mill, 1970, 193).

In the end, then, the attributes of God for Natural Theology leave an opening for the possibility of a positive

value coming from sufferings. For Mill directs our attention to

> a Being of great but limited power, how or by what limited we cannot even conjecture; of great, and perhaps unlimited intelligence, but perhaps, also, more narrowly limited than his power: who desires, and pays some regard to, the happiness of his creatures, but who seems to have other motives of action which he cares more for, and who can hardly be supposed to have created the universe for that purpose alone (Mill, 1970, 194-195).

In some examples in Mill's writing it can also be seen that there is the possibility of understanding suffering as an instrumental value. One way this might take place is by the virtuous action of the hero or martyr that produces good in suffering. Another way Mill discusses the possibility of suffering as instrumental value centers around his notion of human purposes and God, and that there may be purposes served by suffering that are a result of God's desire evidenced by the way the world functions. Mill is a bit more cautious in any presumption that suffering will in fact become an instrumental value. He leaves an opening for such a possibility, especially when the value can be measured by utilitarian ethics, but he does not rely on suffering as a necessary requirement for instrumental value.

I find Mill's views attractive as well, especially his caution to commit the presence of suffering as a metaphysical requirement for instrumental value to be accomplished. Surely Mill is thinking along the lines of all the suffering in the world that apparently produced no value and appeared meaningless. The question remains whether what appears meaningless to me served in fact some purpose beyond my comprehension. While I am committed to the possibility of that metaphysical purpose in theory, I applaud Mill's caution in automatically claiming such when so much suffering does appear meaningless.

Existentialism

Karl Jaspers

Karl Jaspers refers to life in terms of what he calls "situations." These are not just reality governed by natural laws, but something psychological and physical both in one; a "sense - related reality." "It is the concrete reality which means advantage or detriment, opportunity or obstacle, to my existence" (Jaspers, 1970, 177). Jaspers notes

> situations like the following: that I am always in situations; that I cannot live without struggling and suffering; that I cannot avoid guilt; that I must die - these are what I call boundary situations. They never change, except in

> appearance. There is no way to survey them in existence, no way to see anything behind them. They are like a wall we run into, a wall on which we founder. We cannot modify them; all that we can do is to make them lucid, but without explaining or deducing them from something else. They go with existence itself. The word boundary implies that there is something else, but it indicates at the same time that this other thing is not for an existing consciousness (Jaspers, 1970, 178-179).

No one can survey the whole host of human sufferings according to Jaspers.

> There are the physical pains I have to bear over and over; the diseases which not only threaten my life but reduce me, living, to a level below my humanity; the impotent efforts that make me collapse in the will to succeed and inevitably allow distorted features to disguise what I really am (Jaspers, 1970, 201).

Furthermore,

> suffering is a restriction of existence, a partial destruction; behind all suffering looms the specter of death. True, there are enormous differences in the kind and measure of torment, but in the final analysis the same may happen to all men, and each

has to carry his share. No one is spared altogether (Jaspers, 1970, 202).

The only way to avoid these boundary situations is by closing our eyes to them. But there is a positive value to be gained by entering into and experiencing these boundary situations according to Jaspers. So while suffering may be impossible to avoid as humans, we have the opportunity to grow from the experience itself if we come to understand this existential view of life. Jaspers speaks of this as becoming the Existenz we potentially are. He points out that

> in the world we seek to preserve our existence by expanding it; we relate to it unquestioningly, mastering and enjoying or suffering under and succumbing to it - but in the end we can do nothing but surrender. The meaningful way for us to react to boundary situations is therefore not by planning and calculating to overcome them but by the very different activity of <u>becoming the Existenz we potentially are</u>; we become ourselves by entering with open eyes into the boundary situations (Jaspers, 1970, 179).

To reach for this Existenz state is a positive value to be accomplished in the midst of the difficulties of life. I understand this as being somewhat analogous to the concept of naming my suffering and giving it meaning. In other words,

even if there is no apparent meaning, one can take the offensive and claim and assign a meaning to the experience of suffering. It keeps one from wandering aimlessly and redirects one to a purpose in the midst of suffering. Later in the dissertation I will discuss frustrated purposes in one's life and how they are no small matter. What I like about this existentialist approach is this taking the offensive. By jumping in and throwing oneself into one's existence one takes control and responsibility for one's life, rather than feeling one is a victim and powerless in the presence of suffering. As Jaspers points out,

> if existence were nothing but happiness, possible Existenz would stay dormant. It is an odd thing that sheer happiness seems empty. Just as suffering destroys our factual existence, happiness appears to threaten our intrinsic being. Inherent in it is an automatic objection raised by a knowledge that will not permit it to last. To become true happiness, it must be jeopardized and restored. It is from shipwreck that I rise a happy man (Jaspers, 1970, 203).
>
> One is made aware of oneself by suffering and by reaching for the Existenz (Jaspers, 1970, 203-204).
>
> It is from its view of suffering, from the polarity of active and passive resignation, that possible

> Existenz soars in the boundary situation to the experience of knowing itself as one with its transcendence, in an origin which it conceives in the boundary situation of being (Jaspers, 1970, 204).

Thus there exists the possibility of something of positive value coming from that which is negative, the sufferings in existence.

A major contribution to the topic of suffering as instrumental value on the part of Jaspers seems to be this idea of using suffering to become fully human. Again, this is seen as a possibility and not a guarantee. Again, also, I realize suffering has destroyed humans as much or more than it has developed our humanity. And since existentialists argue for a high degree of free will Jaspers would never commit to this as a guarantee. However, I like his contribution in that he points out a very real way it is possible for suffering to be an instrumental value.

Why do some people experience this possibility and others experience defeat in the face of suffering? From a determinist viewpoint it is beyond our choosing. From a free will viewpoint it is a matter of choice for each individual. I lean toward the free will viewpoint, but I am sympathetic to a soft determinist view and recognize people who appear to honestly want to accomplish what Jaspers suggests here and yet

they do not seem to be able to do this. I do not have all the answers to free will and determinism worked out to completion. But I do like the contribution Jaspers makes here, and I do believe that those that do or can (if everyone cannot) take the offensive toward their suffering by assigning it a meaning and purpose, have the potential to experience a kind of instrumental value in suffering.

Soren Kierkegaard

Kierkegaard acknowledged that suffering would not necessarily lead to value or have value. Again it seems to depend on the kind of suffering. He points out that

> a man may have suffered throughout his whole life without it ever, in any true sense, being able to be said of him that he has been willing to suffer all for the Good. But in that respect the sufferer's suffering is different from the active person's suffering, for when the active one suffers, then his suffering has significance for the victory of the Good in the world. When the sufferer, on the other hand, willingly takes up his appointed sufferings, he is willing to suffer all for the Good, that is, in order that the Good may be victorious in him (Kierkegaard, 1948, 148).

This notion of an active person's suffering sounds similar to Jaspers in the previous illustrations. It seems to

be a way of describing when one is able to take hold of one's suffering and assign it meaning or purpose. It also involves a notion of willingly accepting one's suffering in a way that implies when one understands the meaning or purpose in suffering, and has a right attitude toward the suffering, there is a higher Good to be accomplished in the suffering. Whatever this higher Good is could then be seen as the instrumental value to be gained. This notion of a higher Good appears to be Kierkegaard's way of describing the metaphysical assumption of some plan on the part of a supreme being.

While some people might consider sufferings to be useless, Kierkegaard believed that that was only human speech. He is more concerned with what he calls the "language of eternity," and that if sufferings help one reach the highest place in life then they are far from useless. It is only useless when someone will not let themself be helped by the suffering (Kierkegaard, 1948, 154). Kierkegaard addresses what he calls the true sufferer, and points out that

> even though your very suffering cuts you off from any such service to others, you can still do - the highest thing of all. You can will to suffer all and thereby be committed to the Good. Oh, blessed justice, that the true sufferer can unconditionally do the highest quite as well as fortune's favorite child! (Kierkegaard, 1948, 163-164).

The question naturally arises as to how or by what means then one can be sure that one's sufferings will serve an instrumental function to provide value elsewhere? The answer for Kierkegaard is found in true Christianity based on an understanding of God. It is based not just on the human being in existence, but an existence tied in with God. He advocates that "there is no remembrance more blessed, and nothing more blessed to remember, than suffering overcome in solidarity with God; this is the mystery of suffering." In this sense, "we suffer only once, but we triumph eternally" (Kierkegaard, 1974, 110).

One of Kierkegaard's major complaints was that the Christianity of his day and culture did not take suffering seriously, nor the value that might come from suffering. In a strong voice he states,

> Harden sufferings! Who is so cruel as to dare say something like that? My friend, it is Christianity, the doctrine that is sold under the name of the gentle comfort, whereas it is eternity's comfort, yes, truly, and for all eternity - but it certainly must deal rather severely. Christianity is not what we human beings, both you and I, are all too eager to make it; it is not a quack doctor. A quack doctor is promptly at your service and immediately applies

> the remedy and bungles everything. Christianity waits before it applies its remedy; it does not cure every brief little indisposition with the help of eternity - indeed, this is surely an impossibility just as it is self-contradictory! (Kierkegaard, 1990, 80).

Christianity is about making sacrifices according to Kierkegaard. A Christian must be willing to suffer. If there were many Christians willing to return to this truth, Kierkegaard believes Christianity could once again become a power of the kind it has not been for ages. (Kierkegaard, 1990, 130). This, then, is the value that could result from suffering when done for the right reason. As Kierkegaard points out,

> Christ is the prototype, to which corresponds <u>invitation</u>. There is really only one true way to be a Christian - to be a disciple. The disciple has among other marks also this: to suffer for the doctrine. Anyone who has not suffered for the doctrine has in one way or another incurred the guilt of using his sagacity to spare himself in a secular way (Kierkegaard, 1990, 207).

Kierkegaard offers a prayer entitled "The Joy in Suffering." In this prayer he mentions he has lamented, sighed, and wept. Yet at the same time he expresses

thankfulness to God. He expresses thankfulness for having experienced more than just "the little sweets" in life of the kind for which he would have no memory in eternity. He views it as God's love that has placed him in these sufferings. Kierkegaard thanks God by praying, "each suffering thus bought is the communion in suffering with Thee, and is forever and forever an eternal acquisition, for one remembers only one's suffering" (Kierkegaard, 1956, 77). Suffering, then, for Kierkegaard may have an instrumental value if it is experienced for the right reason - communion with God as he believes Christianity properly teaches.

It becomes clear that Kierkegaard sees the possibility of suffering becoming an instrumental value. At the same time, he too does not hold that this is necessarily the case. The kind of suffering is the distinction for Kierkegaard between suffering that is of instrumental value and that which is not. Suffering for the higher Good and suffering measured over eternity rather than isolated in time seem to be characteristics of suffering as instrumental value. This kind of suffering can be found in true Christianity according to Kierkegaard. The instrumental value to be gained is communion with God that takes place in suffering.

While I find Kierkegaard very appealing in some ways, I am still troubled by some metaphysical presumptions. I do not believe every suffering, even when experienced for the so-

called right reason, guarantees communion with God. Rather, I see the struggle taking place when suffering for no apparent reason leads to a lack of communion with God. I also believe there can be communion with God in the midst of suffering that has no apparent reason. I am reluctant to agree that communion with God is the test of an instrumental value in suffering. Some people believe suffering humbles oneself to want to communicate with God, and this may be what Kierkegaard is referring to at this point. My problem with such an idea is centered around all the people for whom suffering alienates them from God rather than drawing them closer to God.

I do appreciate, however, Kierkegaard's kind of contribution to viewing suffering beyond time into eternity by way of claiming there may be instrumental value in suffering that extends beyond one's physical life. However, my own personal primary interest is in suffering as instrumental value to be acknowledged and appreciated in this life. This, then, introduces the next section on Christianity.

Christianity

In the history of Christianity, suffering is an important theme which has been addressed by numerous philosophers and theologians in many different ways. Many of those viewpoints are in agreement that suffering has no intrinsic value, but offer a diverse selection of ways in which suffering may

provide some instrumental value. C. S. Lewis asks the question,

> but if suffering is good, ought it not to be pursued rather than avoided? I answer that suffering is not good in itself. What is good in any painful experience is, for the sufferer, his submission to the will of God, and, for the spectators, the compassion aroused and the acts of mercy to which it leads (Lewis, 1947, 98).

Lewis has captured the essence of the Christian viewpoint that suffering has no intrinsic value but may serve an instrumental value. Christianity also, however, is diverse in its approaches to understanding suffering as an instrumental value. This section will explore three representative views on this topic in the history of Christianity.

Thomas Aquinas

Aquinas, like the rest of Christianity, looks to the person of Jesus Christ as a suffering servant. Aquinas notes that the

> most startling characteristic of the Servant, besides his patient performance of a task which met with failure and mockery, is that he dies for sinners, whose sins he bore upon himself (Isaiah 52, 12-53, 13). The New Testament writers, whose minds were 'opened that they might understand the

> Scriptures' (Luke 24, 45) recognized the Suffering Servant in Christ Jesus, who reunited in his person all the features of the Davidic messiah-king and of the Suffering Servant (Acts 4, 27) (Aquinas, 1965, 222).

In the person of Jesus Christ, Aquinas believed that

> the bliss resulting from the beatific vision was strictly limited to the upper regions of his mind, while physical pain and mental anguish held sway over the lower reason and his entire body. He therefore suffered a purer and more exquisite pain than any earthly sufferer; he, the Suffering Servant of the Lord, had come to save men by his sufferings (Aquinas, 1965, 186).

This understanding of Jesus as a suffering servant is as old as Christianity and the New Testament itself. Aquinas points out how Jesus is seen as the fulfillment of the promise in the Hebrew Scriptures for a Messiah that would be a suffering servant. One aspect of Jesus as suffering servant is the example he left for us to follow. In that sense, we too are to expect to suffer as followers of Jesus. The extreme examples may be found in the martyrs. However, Aquinas believed there was a special situation in the case of martyrs. Aquinas notes that

> A man can become so worked up that he is unconscious of what is happening to him. So it was with many of the martyrs; the very thought that they were giving up their lives for Christ and his cause filled their minds with such intense spiritual joy that they paid no attention to their cruel torments (Aquinas, 1965, 186).

Aquinas points out that

> the inner sufferings endured by the saints as they approached the summits of the spiritual life are generally called 'the dark night of the soul.' This frightening and terrible phase of growth they describe with unexpected and obscure words (inebriating wounds, delicious pain, martyrdom of delight, etc.).

At the same time, however,

> these intense sufferings are a special purification in which the minds and hearts of the mystics are painfully cleansed of the last imperfections of faith and hope (Aquinas, 1965, 187).

Aquinas sees the Christian martyrs as a clear example of suffering as instrumental value. He classifies the suffering of the martyrs as some of the worst kind one can experience. At the same time he sees an instrumental value of having minds and hearts cleansed as a result of this kind of suffering.

This suffering is seen as a purification in the traditional way of thinking of being purified by fire. When this purification takes place one's faith and hope becomes perfect rather than imperfect. This perfection is seen as a value in Aquinas' Christian tradition.

For Aquinas, then, there is a sense in which suffering may produce an instrumental good. He notes that "in so far as sorrow is a good, it can be morally good." The reason being "that sorrow is a good in so far as it involves the recognition and the rejection of an evil" (Aquinas, 1975, 151). According to Aquinas:

> Pleasure and sorrow have two good things in common: a correct opinion about good and evil; and a right attitude of will, favoring good and rejecting evil. Clearly then in pain and sorrow there is some element of goodness, whose removal will make them worse (Aquinas, 1975, 155, 157).

Another type of instrumental good that may arise from suffering is atonement for sins. An important aspect of the theology of the Catholic Church is the idea that souls suffer for a time after death in purgatory, on account of their sins. George D. Smith points out in his book, The Teaching of the Catholic Church, that there are

> two reasons for suffering for sin: first, atonement to God; and second, the re-making of our

> souls. And we can see that suffering for these purposes may well last long. If we look at the suffering endured to atone to God, there is no reason why it should ever end, except his mercy. And the remaking of our souls is slow. A wound or sprain is received in an instant, but very slowly is it healed. A sin is committed in an instant by an act of will, and forgiven in an instant when the will submits in love to God; but the mischief wrought by the sin in our nature is deep, and slow to mend (Smith, 1958, 1143).

The example Smith gives is of a drunkard who can repent in an instant yet may struggle for years before he is a sober man again.

> By his sin, his bodily appetite for drink has grown unnaturally strong; as do all bodily appetites that are sinfully indulged. The bodily appetite has to be brought back to its natural state by painful self-denial (Smith, 1958, 1143).

Smith points out that "to repair the ills that sin has wrought in our nature, suffering is ordinarily necessary and is the means appointed by God." In considering how suffering does its work of healing, Smith notes that

> there are three points to consider: the bodily appetites, overgrown and unhealthy, have to be

> brought back to their natural limits; the soul's control over the body is to be restored; and the soul itself is to be freed from all wrong habits and desires (Smith, 1958, 1144).

Aquinas believes that

> manifestly man is destined to an end beyond himself, for he himself is not the supreme good. And therefore the final goal for his reason and will cannot just be his own continuance (Aquinas, 1969, 45).

In the process of life, suffering may then be the avenue for reaching the supreme good.

Aquinas points out how suffering may be an instrumental value both in this world and the next. Using Jesus as an example of a suffering servant human beings are to emulate, Aquinas points out the way in which the Christian martyrs followed his example. The instrumental value Aquinas seems most interested in centers around having one's mind and heart cleansed. In this way suffering may make one purer in one's relationship to Christ Jesus. The suffering leads to purification which leads to a closer relationship with Christ. Aquinas also suggests the instrumental value may be for a life beyond this physical life and a goal and purpose beyond any one person's existence above.

I find Aquinas' notion of suffering as instrumental value to be less appealing than other Christian views. Again there is the problem of those who have suffered and were not purified but were destroyed. However, I am attracted to the notion of suffering as having a meaning beyond what I can measure in this life alone. The idea of soul-making in Hick to be discussed later is more appealing than soul-making in purgatory as taught by the Catholic Church. However, to the degree that Aquinas influenced Catholicism and philosophy concerning a view of human spiritual growth by way of suffering I am appreciative of this view of suffering as instrumental value. It establishes a way to grasp suffering and make sense from it in a very personal way.

Martin Luther

Luther raises the question as to why it is that the Lord God sends us such suffering. In the process of addressing this question he arrives at four answers. The first reason God sends suffering, and one Luther spends much time addressing,

> is that in this way he wants to make us conformed to the image of his dear Son, Christ, so that we may become like him here in suffering and there in that life to come in honor and glory . . . But God cannot accomplish this in us except through suffering and affliction, which he sends to us

through the devil or other wicked people (Luther, 1959, 206).

Luther points out that Christ by his suffering not only saved us from the devil, death, and sin, but gave us an example which we are to follow in our suffering. Luther notes "For God has appointed that we should not only believe in the crucified Christ, but also be crucified with him, as he clearly shows in many places in the Gospels . . ." (Luther, 1959, 198).

While Luther is serious about Christ as example and our need to conform to the image of a suffering Christ, not just any kind of suffering qualifies for Luther at this point. The suffering required is the

> kind of suffering that is worthy of the name and honestly grips and hurts, such as some great danger of property, honor, body, and life. Such suffering as we really feel, which weighs us down; otherwise, if it did not hurt us badly, it would not be suffering.

Furthermore,

> it should be the kind of suffering which we have not chosen ourselves, as the fanatics choose their own suffering. It should be the kind of suffering which, if it were possible, we would gladly be rid

> of, suffering visited upon us by the devil or the world (Luther, 1959, 198).

In one of his devotional writings Luther points out again that

> taking up the cross is by nature something that causes pain. It must not be self-imposed (as the Anabaptists and all the work-righteous teach); it is something that is imposed upon a person (Luther, 1968, 183-184).

The first reason for suffering according to Luther then is to serve to make us conformed to the image of Christ. By way of our suffering we can become like Christ in his suffering. The suffering of Christ is to be our example then. This means, then, that not just any suffering can fulfill this purpose. Rather it must be a special suffering worthy of such a job. According to Luther, that would be a suffering which is sufficiently difficult and painful, not chosen by ourselves or self-imposed, but put upon us by nature or God. Luther's theology at this point reflects his understanding of both Anabaptists and Catholics, of which he believed sought suffering and put it upon themselves to fulfill these purposes. Luther believed for the suffering to be of instrumental value it must not be self-imposed, but rather as a natural part of trying to live life for Christ. The instrumental value to be gained is to be conformed to the image of Christ here in Luther's suggestion of a first reason

for suffering. In this reason for suffering which Luther explored, one can see an instrumental value to be gained if the suffering is the right kind and for the right reason.

A second reason for suffering that Luther addressed was "that even though God does not want to assault and torment us, the devil does, and he cannot abide the Word" (Luther, 1959, 206). The instrumental value to be gained here as Luther sees it, is that no matter what suffering comes upon us, "we shall learn that God will stand by us to guard and shield us against this enemy and all his adherents" (Luther, 1959, 207).

The instrumental value to be gained is to experience a sense of God's presence in our lives in the midst of difficulties. Were it not for trouble, we might not realize God is with us. The assumption is that there is an instrumental value in sensing God's presence by facing suffering head on. In suffering, then, we realize we are not alone but rather have God on our side.

Closely related to this is the third reason for suffering which Luther addresses. He notes that

> it is also highly necessary that we suffer not only that God may prove his honor, power, and strength against the devil, but also in order that when we are not in trouble and suffering this excellent treasure which we have may not merely make us sleepy and secure.

Luther believes God must keep disciplining and driving us,

> that our faith may increase and grow stronger and thus bring the Savior more deeply into our hearts. For just as we cannot get along without eating and drinking so we cannot get along without affliction and suffering (Luther, 1959, 207).

In a sermon against indulgences, Luther continues this theme. He points out that

> not through indulgences, but through gentleness and lowliness, so says he, is rest for your souls found. But gentleness is present only in punishment and suffering, from which these indulgences absolve us. They teach us to dread the cross and suffering and the result is that we never become gentle and lowly, and that means that we never receive indulgence nor come to Christ (Luther, 1959, 31).

Here Luther is concerned with the Catholic practice of his day known as indulgences, in which money might be paid as a response to sins or wrongdoing. Luther believed this became a cheap way of absolving one's guilt for wrongdoing. In the process one might never truly become sorrowful for one's wrongdoing and in such a way one might avoid the cross of Christ. That is, one may not take the Christian lifestyle seriously nor the price Christ paid on the cross for human

sins seriously. Luther believed suffering keeps humans from becoming too casual in their faith. He saw suffering as an instrumental value in that it disciplines and drives us, which in turn keeps one's faith sincere and one's relationship closer to Christ.

The fourth and final reason Luther gives for suffering is that

> Christian suffering is nobler and precious above all other human suffering because, since Christ himself suffered, he also hallowed the suffering of all his Christians.

Furthermore,

> through the suffering of Christ, the suffering of all his saints has become utterly holy, for it has been touched with Christ's suffering. Therefore we should accept all suffering as a holy thing, for it is truly holiness (Luther, 1959, 207-208).

In one of his devotional writings, Luther observes a picture of Christ in the gospel of Luke in which he notes Christ

> pants and thirsts to sanctify sufferings and death and to make them things to be loved, for he saw how we stand in fear of sufferings, how we tremble and shrink from death (Luther, 1969, 142).

Luther believes that Jesus Christ as God's Son,

> has by his most holy touch consecrated and hallowed all sufferings, even death itself, has blessed the curse, and has glorified shame and enriched poverty so that death is now a door to life, the curse a fount of blessing, and shame the mother of glory (Luther, 1969, 141).

This causes Luther to ask

> How, then, can you be so hardhearted and ungrateful as not to long for and love all manner of sufferings now that these have been touched and bathed by Christ's pure and holy flesh and blood and thus have become holy, harmless, wholesome, blessed, and full of you for you? (Luther, 1969, 141-142).

In this final response to reasons for suffering, Luther believes suffering can be a holy experience because it was experienced and hallowed or blessed by Christ. The instrumental value to be gained is a sense of holiness and communion with God by way of experiencing what Christ experienced. If all that Christ experienced was holy then it offers the value of being a holy experience for us as well. In this small way human beings can experience something of the presence of God in their lives by way of living as Christ lived. Suffering is a part of the way Christ lived that is

available to us also with the resulting value being a holy experience.

It becomes apparent that Luther believed there are many possibilities for an instrumental value to be present in suffering. Luther suggests four reasons for suffering: to serve to make us conformed to the image of Christ, to experience a sense of God's presence in our lives in the midst of difficulties, to discipline and drive us as a way of keeping our faith sincere, and as a holy experience blessed by Christ and available to us also. All of these reasons are perceived as an instrumental value for Luther.

It also becomes apparent in Luther's ideas on suffering how Protestant Reformation theology is perceived differently from the Catholicism of his day. Rather than this experience being primarily for martyrs it was an experience available to all. The experience of something valuable and holy available to all people directly from God, without the need for any intermediary other than Christ, is a major theme of the Reformation. Luther presents suffering as an instrumental value open to everyone and anyone who experiences the suffering as a part of their natural desire to follow God. One is justified by faith alone and suffering as an expression of one's faith is a holy experience for Luther.

One of the things I like about Luther's concept of suffering as instrumental value is his attempt to provide

examples all centered in this life. Luther felt it important that this life be redeemed and be of value, and therefore suffering in this life had to be redeemed and be of value. Luther would have seen it as an avoidance to only address suffering in this life as valuable for the next. The idea of God becoming human meant in some way God redeemed this life. That would have to include suffering in this life as well. I may not agree with all of the ways Luther did this by way of his four reasons for suffering, however, I do believe this is an important point for any discussion of suffering as instrumental value. If the argument is to be made that suffering can have instrumental value, and I believe it can, it must be an instrumental value in this life as well as in any next life in the hereafter. This I believe may be Luther's strongest contribution to the idea of suffering as instrumental value.

John Hick

One current philosopher who has a lot to say about Christianity and suffering is John Hick. One way he approaches this issue is with a thought provoking question. Hick notes that

> seeking to relate the sad facts of human misery to the problem of theodicy, we have to ask ourselves whether a world from which suffering was excluded would serve what we are supposing to be the divine

purpose of soul-making. Having been created through the long evolutionary process as a personal creature made in the 'image' of God, would man be able to grow without suffering towards the finite 'likeness' of God? (Hick, 1977, 322-323).

What this means is that

the sinfulness from which man is being redeemed, and the human suffering which flows from that sinfulness, have in their own paradoxical way a place within the divine providence. Their place, however, is not that of something that ought to exist but of something that ought to be abolished. The contribution which sin and its attendant suffering make to God's plan does not consist in any value intrinsic to themselves but, on the contrary, in the activities whereby they are overcome, namely redemption from sin, and men's mutual service amid suffering (Hick, 1977, 323).

Clearly, then, Hick believes there is a possible instrumental value to come from suffering whereby soul-making takes place in God's creatures. One might argue that soul-making as Hick discusses it is closer to the topic of personhood rather than the topic of values. Certainly it touches on the notion of becoming a more complete person with a soul. But the relevant point here is that by way of

suffering there is a value to be gained. The value itself may be similar to personhood, however, it is the experience of suffering that creates opportunity for the value. The notion of soul-making as described by Hick is one in which suffering provides the instrumental value of soul-making. Hick believes suffering is that which produces this value. For example, one aspect of this value from suffering whereby humans benefit is the development of a deeper and more meaningful sense of love. Hick points out that

> perhaps most important of all, the capacity to love would never be developed, except in a very limited sense of the word, in a world in which there was no such thing as suffering (Hick, 1977, 325).

This deeper kind of love

> presupposes a 'real life' in which there are obstacles to be overcome, tasks to be performed, goals to be achieved, setbacks to be endured, problems to be solved, dangers to be met; and if the world did not contain the particular obstacles, difficulties, problems, and dangers that it does contain, then it would have to contain others instead (Hick, 1977, 326).

It is interesting to note that love is not the only virtue of soul-making to be developed by suffering according to Hick. He believes

> the same is true in relation to the virtues of compassion, unselfishness, courage, and determination - these all presuppose for their emergence and for their development something like the world in which we live. They are values of personal existence that would have no point, and therefore no place, in a ready-made Utopia.

The result being that

> if the purpose for which this world exists (so far as that purpose concerns mankind) is to be a sphere within which such personal qualities are born, to purge it of all suffering would be a sterile reform (Hick, 1977, 326).

It appears then that Hick believes there are a number of virtues that are intertwined in the concept of soul-making. Furthermore, it appears that Hick believes that soul-making can be a result of suffering. If these virtues resulting from soul-making are truly worthwhile, and suffering is a requirement for their production, it becomes clear how Hick argues that suffering is of instrumental value. The suffering is required to develop these virtues characteristic of soul-making.

Another interesting aspect of suffering, which may actually be thought of as a kind of instrumental value, is the

presence of mystery that accompanies much suffering. The problem as Hick points out is the

> fact that instead of serving a constructive purpose pain and misery seem to be distributed in random and meaningless ways, with the result that suffering is often undeserved and often falls upon men in amounts exceeding anything that could be rationally intended (Hick, 1977, 333).

Furthermore, Hick notes that he does

> not now have an alternative theory to offer that would explain in any rational or ethical way why men suffer as they do. The only appeal left is to mystery.

At the same time, however, he goes on to point out that

> it may be that the very mysteriousness of this life is an important aspect of its character as a sphere of soul-making (Hick, 1977, 333-334).

The role of mystery here is closely related to any other virtues or instrumental values to be gained from suffering. As Hicks argues,

> it seems, then, that in a world that is to be the scene of compassionate love and self-giving for others, suffering must fall upon mankind with something of the haphazardness and inequity that we now experience. It must be apparently unmerited,

pointless, and incapable of being morally rationalized. For it is precisely this feature of our common human lot that creates sympathy between man and man and evokes the unselfish kindness and goodwill which are among the highest values of personal life. No undeserved need would mean no uncalculating outpouring to meet that need (Hick, 1977, 334-335).

Hick goes on to conclude that

our 'solution,' then, to this baffling problem of excessive and undeserved suffering is a frank appeal to the positive value of mystery. Such suffering remains unjust and inexplicable, haphazard and cruelly excessive. The mystery of dysteleological suffering is a real mystery, impenetrable to the rationalizing human mind. It challenges Christian faith with its utterly baffling, alien, destructive meaninglessness. And yet at the same time, detached theological reflection can note that this very irrationality and this lack of ethical meaning contribute to the character of the world as a place in which true human goodness can occur and in which loving sympathy and compassionate self-sacrifice can take place (Hick, 1977, 335-336).

Hick is attempting to address the questions of how and why suffering is doled out to individuals. Rather than argue that some individuals need more than others for soul-making, Hick introduces the presence of mystery at work in suffering and its distribution. In the process he sees this mystery itself as having value. In a sense mystery keeps humans honest and prevents us from judging one another's need for soul-making by virtue of the presence of suffering. Of course, on a surface level this has never stopped people from judging others on the basis of suffering in their lives. On a more serious level, however, I suspect Hick is correct in that each of us realizes in our deepest thoughts that someone else's suffering could and might one day be our own. The presence of mystery surrounding suffering as that which keeps us from pre-judging others and thinking too highly (or lowly) of ourselves is seen as an instrumental value of suffering as well according to Hick.

In Hick I find one of the strongest arguments for suffering as instrumental value. His argument for suffering as a prerequisite for soul-making, and his argument concerning the value of mystery surrounding suffering are two arguments I find compelling. The notion of soul-making seems to invoke the best of some of the other philosophers and theologians already addressed concerning meaning and purpose in suffering. By attaching meaning and purpose to one's suffering one adds

to the notion of soul-making. The making of the soul becomes what both God and human mind together understand to be relevant and important. I see this as important to an understanding of suffering and as a possibility for healing which I discuss in Chapter V.

Another aspect that I believe is very important that Hick addresses is this notion of mystery as a value to be gained from suffering. While I argue for a value to be gained in naming and addressing a purpose and meaning in suffering, I do believe there is value also in the mystery that surrounds suffering. The presence of mystery provides what I see as a kind of grace. The presence of mystery as a value suggests that I do not have to have all the answers to the questions of suffering. My experiences with people suffering is that if we in fact had precise answers, it would either weigh us down too heavily or beg the question. It would either be too much to understand, or it would still leave us at the next level of "why?" concerning the presence of suffering. In other words, it is my experience that humans that are suffering and raising questions relevant to that suffering, are not so much looking for precise answers as seeking some support and community in the presence of that suffering. I will discuss this again later in the dissertation. At this point I wish to merely add that Hick's notion of mystery as a value to be gained from the

presence of suffering is a real one as I have seen it in the lives of those suffering.

Very similar to Hick in some key ways is the contemporary philosopher and theologian Douglas John Hall. He too notes the importance of mystery to suffering. He points out that in reflections on this subject we admit

> that life without any kind of suffering would be no life at all; it would be a form of death. Life - the life of the spirit like the life of the body - depends in some mysterious way upon the struggle to be. This presupposes, as the condition necessary to life itself, the presence of life's antithesis, that is, of that which threatens or negates, circumscribes or challenges (Hall, 1986, 60).

Hall goes on to point out that "becoming is suffering" and that there is some pain in every growth known to human science.

> But suffering thus understood is nevertheless meaningful and good because through it - and only through it - our lives are integrated. We become more truly whole, unified, and centered persons (Hall, 1986, 65).

What I really appreciate about Hall, however, is the way in which he distinguishes the presence of this kind of

suffering from suffering which no longer accomplishes these goals. For Hall points out that

> all of this is premised on the assumption that suffering is a means. It is another matter when suffering and struggle cease to serve life, when they become independent of the life process, when they become interesting in themselves, when they become ends (or almost-ends) in themselves; or when suffering is turned into a law, a principle, a soteriological technique: Suffering is beneficial! Suffer; it will be good for you! Suffering as such is hardly ever simply 'good.' The goodness that may come of the experience of suffering depends on something else. It depends on the felt presence of an end which both transcends and incorporates the suffering (Hall, 1986, 65-66).

So while suffering may have an instrumental value, not all suffering necessarily is of instrumental value. This seems to be a common theme amongst the philosophers and theologians discussed in this section. What I covered in this section was an evaluation and analysis of some relevant philosophers and theologians as they have impacted this notion of suffering as instrumental value. It is important to keep in mind also that these philosophers are not suggesting one seek suffering for the instrumental value. Rather, their

assumption is that suffering is a part of life, and when it comes there may be instrumental value in the experience of suffering.

The contribution I find most appealing in understanding suffering as instrumental value is a kind of Christian existentialism combining Martin Luther, John Hick, and Karl Jaspers. The combination of value to be gained in this life as well as value from living life to the fullest even in suffering are values I have seen suffering patients claim in my experiences as a chaplain. Of course, I have also seen patients who are suffering claim other instrumental values in their suffering as well as patients who are suffering claim no value in their suffering. This subjectivity need not be troublesome as long as one is willing to agree that suffering as instrumental value is not a matter of exact science. Instead, suffering as instrumental value is extremely personal and experiential and has elicited numerous thoughts and expressions from philosophers and theologians. I sought to demonstrate some representative viewpoints on the issue as a way of appreciating the rich meaning of suffering in relationship to values.

This chapter on what suffering is about centered around three key aspects of suffering. In the first part of this chapter I examined the relationship between suffering and pain. In the second part I examined the relationship between

suffering and personhood. And in the third part of this chapter I examined the relationship between suffering and values (intrinsic and instrumental). In exploring what suffering is, these sections led to an understanding of suffering as something often associated with physical pain but by no means only physical pain, as something very personal and intimately connected to one's identity and personhood, and as something not of intrinsic value but often (though not automatically) as something of instrumental value. This chapter pointed out some of the rich and important themes associated with an understanding of what suffering is about and serves as a foundation for the rest of the dissertation.

CHAPTER III

Suffering and Autonomy

It is now time to examine how suffering interacts with a major theoretical issue for philosophy and medical ethics. In this chapter I will explore the relationship between suffering and autonomy. Few topics are of more importance to medical ethics than autonomy. Therefore, in the first part of this chapter I will investigate why autonomy matters to us so much. I chose three aspects of autonomy that I believe are of tremendous value to us as humans. These three are freedom, responsibility, and the individual. By exploring in more detail why these three are important and how they are connected to autonomy I will demonstrate why autonomy matters so much.

In the next two sections of this chapter I will demonstrate the close relationship autonomy has to suffering. I expect to show how there are conditions under which suffering may diminish autonomy, and then to show how there are conditions under which autonomy may diminish suffering. Both of these relationships are worthy of exploration.

Because I value autonomy, and believe suffering ought to be kept to a minimum or eliminated when possible, the better relationship then is when autonomy diminishes suffering. To show how to accomplish this in a practical setting will be the purpose of the last part of this chapter where I explore the

topics of informed consent and refusal of treatment. Overall then I will demonstrate why autonomy is important, its dual relationship to suffering, and some matters of practical concern relevant to this discussion.

Why Autonomy Matters

I believe autonomy is something that most people consider of tremendous value in their lives. After a brief introduction as to what some philosophers have to say concerning what autonomy is, I go on to examine in detail three aspects of autonomy that I consider most important in understanding why autonomy matters so much. These three aspects of autonomy are freedom, responsibility, and the notion of the individual.

Each of these aspects of autonomy is another way of viewing autonomy. No one of these aspects alone is autonomy. Rather, each one of them is a way of viewing the rich and meaningful notion of autonomy.

Because freedom, responsibility, and the individual are all things we tend to value, I will pay close attention to what some important philosophers have had to say about them as well as why I think they are important. At the same time I will also examine them not as values in isolation but as values that are a key component of what we mean by autonomy. I consider these three important values as three aspects of autonomy that make autonomy a more desirable value as well.

Later in this chapter I will relate autonomy to suffering and show why and how that relationship is an important one. For now, however, I will point out that when suffering diminishes autonomy, these three aspects of autonomy we value are also diminished. On the other hand, when autonomy diminishes suffering it is largely because these three aspects of autonomy we value are acknowledged and exercised as fully as possible. Therefore, I think freedom, responsibility, and the individual are the three most important aspects of autonomy and the major reasons why autonomy matters to us as it relates to suffering. So after a brief look at what autonomy is, I will examine in detail these three aspects of autonomy.

> According to Tom L. Beauchamp and James F. Childress, 'Autonomy' is a term derived from the Greek autos (self) and nomos (rule, governance, or law) and was first used to refer to self-rule or self-governance in Greek city-states. The most general idea of personal autonomy is still that of self-governance: being one's own person, without constraints either by another's action or by psychological or physical limitations. The autonomous person determines his or her course of action in accordance with a plan chosen by himself or herself (Beauchamp and Childress, 1983, 59).

The background for philosophical discussions about autonomy has been greatly influenced by the two famous philosophers Immanuel Kant and John Stuart Mill. Beauchamp and Childress note that

> in his Groundwork of the Metaphysic of Morals and other writings, Kant argued for his celebrated injunction that persons should always treat each other as autonomous ends and never merely as means to the ends of others. Whereas Kant was largely concerned about the moral autonomy of the will, Mill was more concerned about the autonomy - or, as he preferred to say, the individuality - of action and thought. In On Liberty, Mill argues that social and political control over individual actions is legitimate only if it is necessary to prevent harm to other individuals.

The result is that

> autonomy as governance in the absence of controlling constraints points to the individual able to legislate norms of conduct (Kant) and able voluntarily to fix a course of action (Mill). Only if these conditions are present is a person autonomous (Beauchamp and Childress, 1983, 60-61).

Autonomy is closely related to the notion of self. Thinking of the self as that which survives changes in my body is like thinking of the self as the essence of who I am. As

the body grows older and experiences changes, I still claim to be myself. In this way then I refer to the self as the essence of who I am (and meaning more than mere physical body). The self then involves my dreams, hopes, goals, aspirations, disappointments, etc. that all make up a sense of who I am. Since the autonomous person is one that determines his or her course of action in accordance with a plan, it is that self's plan and course of action. It is, then, very personal and intimate. Autonomy is the ability and opportunity to exercise that self's personal plan and course of action.

Beauchamp and Childress discussed both these elements of ability and opportunity to exercise autonomy when they discussed both Kant and Mill. The notion of self as the essence of who I am is concerned with both of these elements. Therefore, one could say that the self is concerned with autonomy because autonomy is the ability and opportunity to express the self by determining one's course of action in accordance with a plan. The practice of introspection is a way the self determines what its plan will be. One way of thinking of introspection in relationship to autonomy can be found in Kant. In Kant's "First Command of All Duties to Oneself," he believes

> this command is '<u>know</u> (scrutinize, fathom) <u>yourself</u>,' not in terms of your natural perfection (your fitness or unfitness for all sorts of

> optional or even commanded ends) but rather in terms of your moral perfection in relation to your duty.

Furthermore,

> Moral self-knowledge, which seeks to penetrate into the depths (the abyss) of one's heart that are quite difficult to fathom, is the beginning of all human wisdom (Kant, 1991, 236).

Exploring the notion of autonomy then is a part of our wisdom according to Kant.

While autonomy is an important issue for philosophy in general, it is of special importance in the field of medical ethics in particular. According to Stephen E. Lammers and Allen Verhey there are four factors which have led to the call for respect for autonomy in medicine in our day and time.

> First, physicians performed experiments on people without their consent. This happened in this country as well as abroad. Second, physicians performed putatively therapeutic procedures upon patients 'for their own good' without their consent. Third, certain features of modern medicine are depersonalizing. Technological medicine often makes it difficult to see the patient as a fellow human being. The patient is simply a part of nature and thus is not unique. Fourth, through the use of science and technology,

> physicians have gained an enormous amount of power. Just as the cries for reform in earlier times against the unchecked power of kings and priests led to discussions of individual rights, so today's response to the power of physicians is a call for respect for the autonomy of patients (Lammers and Verhey, 1987, 273).

They go on to point out that

> one of the real injuries of illness is that people lose a sense of their own agency. In illness we often cannot bend either the external world or our own body to our purposes. We are helpless before the ministrations of others. If they will respect our wishes, however, then there remains, even for the ill, a sense of personal agency and autonomy (Lammers and Verhey, 1987, 273).

What Lammers and Verhey seem to be saying is that autonomy is important to medical ethics because of the way autonomy has not been respected in medicine in the past. Whether this has been because of certain physicians or certain features of modern medicine and technology their point is that such abuses of autonomy has led to reform in the sense of a call for respect for the autonomy of patients. They do suggest that even in illness patients can have a sense of personal agency and autonomy. In this chapter I will explore that theme more in depth as I discuss suffering and autonomy.

Up to this point I have discussed some general thoughts about autonomy as an introduction into the more detailed discussion of why autonomy matters. As I discuss more in depth why autonomy matters, I will do so by way of exploring three key aspects of autonomy. These three aspects are freedom, responsibility, and the individual.

Freedom

One theme that is often associated with autonomy is that of freedom. There are a variety of views of freedom of which a few will be covered here. It seems worthwhile then to examine what some philosophers have had to say about freedom as an aspect of autonomy. Kant believed that

> the autonomy of the will is the sole principle of all moral laws and of the duties conforming to them; heteronomy of choice, on the other hand, not only does not establish my obligation but is opposed to the principle of duty and to the morality of the will . . . [The] moral law expresses nothing else than the autonomy of the pure practical reason, i.e., freedom. This autonomy of freedom is itself the formal condition of all maximums, under which alone they can all agree with the supreme practical law (Kant, 1956, 33-34).

Freedom, then, is an important aspect of autonomy for Kant. Kant seems to imply that a condition of freedom is a

prerequisite for carrying out the maxims. In other words, freedom is associated with being autonomous or exercising autonomy. Autonomy as being self-determining needs a kind of freedom in one's surrounding as well. To speak of freedom in this way then is to think of a lack of physical or mental constraint on exercising one's autonomy.

In a somewhat similar way Rollo May discusses freedom. According to May,

> It is a startling fact that freedom has been considered, throughout human history, so precious that hundreds of thousands of human beings have willingly died for it. Freedom must have some profound meaning, some basic relation to the 'core' of being human, to be the object of such devotion (May, 1981, 3).

So what, then, is the nature of freedom that Rollo May speaks of so eloquently? May's answer is that

> it is the essence of freedom precisely that its nature is <u>not</u> given. Its function is to change its nature, to become something different from what it is at any given moment. Freedom is the possibility of development, of enhancement of one's life; or the possibility of withdrawing, shutting oneself up, denying and stultifying one's growth. 'It is the nature of freedom,' Paul Tillich declares, 'to determine itself.' This uniqueness makes freedom

different from every other reality in human experience (May, 1981, 5-6).

I find this an intriguing response from May. What we value about freedom seems to be its openness. Freedom allows us to go one way or the other. We can develop or withdraw. May suggests here that the essence of freedom is in its nature not being given. By allowing me to go either direction in an atmosphere of freedom, I can value either direction my life goes. This means that my failures, if they are truly my failures by choices I freely made, are more valuable than my successes if they are not truly my successes by choices I freely made. The point is that the freedom of choice is more important than a guarantee of success. Personal choices in life are an important part of the relationship between autonomy and suffering that will be developed later in this chapter.

There is also another important connection between freedom and all other values to be explored here. This is the possibility that all other values are relegated under a hierarchy with freedom at the top. It is as if freedom is the atmosphere or condition under which other values are born or derive their meaning. According to May

> Freedom is also unique in that it is the mother of all values. If we consider such values as honesty, love, or courage, we find, strangely enough, that they cannot be placed parallel to the value of

freedom. For the other values derive their value from being free; they are dependent on freedom.

The result is that

> freedom is thus more than a value itself: it underlies the possibility of valuing; it is basic to our capacity to value. Without freedom there is no value worthy of the name. In this time of the disintegration of concern for public weal and private honor, in this time of the demise of values, our recovery - if we are to achieve it - must be based on our coming to terms with this source of all values: freedom (May, 1981, 6).

This sounds very similar to Kant's view on freedom as the highest order of life. Kant challenges us to

> consider the basis of the principle of all self-regarding duties. Freedom is, on the one hand, that faculty which gives unlimited usefulness to all other faculties. It is the highest order of life, which serves as the foundation of all perfections and is the necessary condition (Kant, 1963, 121).

It appears that Kant and May are similar in their thinking about freedom as a necessary condition for other values. I find this an appealing and accurate way to understand the relationship between freedom and all other values. If other values were not chosen or derived in an

atmosphere of freedom then their value is held in suspicion. Perhaps air, water and food are biological human necessities to keep living and therefore are of value by virtue of the way I am so made. On the other hand, they are not forced values in that once autonomous I may choose to reject any of them even to the point of death. Life then becomes the value, and many individuals in history have chosen death in freedom over life without freedom. How much freedom is needed for life to be of value probably differs between individuals. What does seem consistent, however, is that freedom is a necessary condition for other values to develop.

In evaluating the notion of freedom in light of psychology, Peter R. Breggin argues that personal freedom springs from personal sovereignty.

> The self-liberating individual aspires to express his or her thoughts and feelings as completely as possible and, furthermore, to implement or to act upon these choices as fully as possible. The individual desires to implement personal sovereignty to its fullest with other people and within the world. This is the aspiration for personal freedom (Breggin, 1980, 18).

This notion of personal sovereignty is similar to the concept of autonomy. Individuals desire to express their autonomy to its fullest with other people in the world. By Breggin suggesting this is the aspiration for personal

freedom, it is another way of suggesting that not only is freedom needed to express autonomy but freedom leads to an aspiration to want to express autonomy.

Breggin rightly points out limitations to our personal freedom. He notes examples of objective limitations such as political circumstance, the confines of our bodies, resistance from others and death. He also notes ethical limitations such as rejection of freedom to rape or murder others. In spite of these limitations, however, Breggin points out that

> the aim of the psychology of self-determination is to maximize human freedom by establishing principles of conduct consistent with the right of each individual to make the most of his or her own life (Breggin, 1980, 18).

The result is that

> in the psychology of self-determination, personal sovereignty involves: (1) recognition and exercise of oneself as a moral agent; (2) free will and self-determination at work within the subjective, internal world; (3) the right and the capacity of the individual to be independent and self-governing within the sanctity or privacy of his or her own mind; (4) individual conscience (Breggin, 1980, 18).

My own views of freedom as an aspect of autonomy are similar to these ideas discussed in this section. Freedom as

a lack of constraint on exercising one's autonomy is an important apsect of autonomy. Freedom of choice to fail or succeed on one's own is an important aspect of autonomy. Freedom as the atmosphere under which other values are born or derive their meaning is an important aspect of autonomy as well. These ways of viewing freedom as an aspect of autonomy help in understanding why autonomy matters so much.

Many philosophers believe that autonomy as an expression of one's desires for one's own life under the condition or environment of freedom is of such importance that it can be addressed as a value humans have a "right" to exercise in their lives. In political thinking this transforms it from one level to another. It is not just an important value at this point; it is such an important value that there must be extremely good and strong reasons if others may interfere with my possession of this value. It is a value one is entitled to exercise freely. I find my own thinking to be along these lines. While I do believe the notion of rights has become blown out of proportion so that people claim rights to almost anything and therefore run the risk of watering down the importance of rights, I tend to agree with those philosophers who make a case for autonomy as a right.

Along a very similar line, Thomas E. Hill, Jr. in his work Autonomy and Self-Respect, refers to autonomy as a "right" that every responsible person has "to make certain

decisions for himself or herself without undue interference from others." Therefore,

> to respect someone as an autonomous person in this sense is to acknowledge that certain decisions are up to him or her and thus to refrain from efforts to control those decisions. To say that a person is autonomous, in this view, is not to describe the person (e.g., as mature, reflective, or independent); it is to grant the person a right to control certain matters for himself or herself (Hill, 1991, 47-48).

Hill believes this right of autonomy is more than just permitting one to make his or her own decisions within an appropriate area of choice. It means others should not interfere. One of the important modes of interference discussed in medical ethics that Hill mentions, and that I will address at length later in this chapter, concerns concealing or distorting information relevant to decision making. Hill points out how this practice interferes with autonomy, "even if one's aim is not primarily to influence their choices" (Hill, 1991, 48-49).

I agree with Hill at this point. If autonomy matters because freedom is of such importance, then the requirement of others not to interfere is integral to respect for autonomy. The connection between respect for autonomy, and whether suffering diminishes autonomy or autonomy diminishes

suffering, will be developed in later sections including the section on informed consent and refusal of treatment later in this chapter. Suffice it to say for now that I want to argue that autonomy, as including freedom is of such great value that a right to it ought to be exercised and argued for in the political arena.

One more important thought concerning freedom as an aspect of autonomy needs to be mentioned. This concerns the relationship between autonomy and what I believe to be its proper expression. Autonomy is not valuable because everyone will exercise their autonomy as I wish they would or will arrive at the rational choices I wish for them. Rather, autonomy is valuable, in particular with respect to freedom, only if people are free to choose based on their desires and standards for what is best in their lives. This is a key point to keep in mind, in particular as autonomy relates to suffering as an issue in medical ethics. By way of example Hill notes

> the right of autonomy, as I see it, is not rooted in any idea that rational decision making is intrinsically valuable, or in the optimistic faith that people will use their opportunity to make the best possible choices. All the more, I would not want to say that people have a right of autonomy only to the extent that we expect they will make rational choices. Within limits, people should be

> allowed to make their own choices even if the choices are likely to be foolish. Questions about the justification and limits of the right of autonomy are difficult; but I hope that, on reflection, most would agree that we are not entitled to interfere with others' crucial life choices just because we believe they are likely to be nonrational or unwise (Hill, 1991, 49).

All this points to a close relationship between autonomy and freedom that results in values that matter to us as human beings. When considering why autonomy matters so much it is important to consider the aspect of autonomy that is freedom. One way of viewing autonomy then is the notion of freedom. To think about and be concerned with autonomy is to think about and be concerned with freedom in a meaningful way. Freedom as an aspect of autonomy involves freedom as a lack of constraint on exercising one's autonomy, freedom of choice to fail or succeed on one's own in life, and freedom as an atmosphere under which other values are born or derive their meaning. And because autonomy matters so much with respect to this aspect of freedom, autonomy ought to be regarded as something which human beings are entitled to express. How all this relates to suffering will be developed later in this chapter.

Responsibility

Another major aspect of autonomy is the notion of responsibility. To be able to claim responsibility for

actions or choices is to be accountable for them. To be considered a responsible person, then, is to stand before our fellow human beings and be held accountable for actions and choices. Autonomy is about self expression of oneself by way of choices and actions, and responsibility is to be accountable for those choices and actions. One face of autonomy is this notion of responsibility because for human beings who want to be considered responsible and accountable they must want to be autonomous. Many people view autonomy by virtue of viewing this aspect of autonomy called responsibility. I will explore what some philosophers have to say about this aspect of autonomy as responsibility.

Diana T. Meyers points out that

> autonomous people must be able to pose and answer the question 'What do I really want, need, care about, believe, value, etcetera?'[sic]; they must be able to act on the answer; and they must be able to correct themselves when they get the answer wrong (Meyers, 1989, 76).

Responsibility as accountability is described here as being able to act on questions concerning one's life and being able to correct oneself when one is wrong. The correcting of oneself is a way of being accountable. If one were not accountable for wrongdoing then one would not attempt to correct oneself. Restitution for a crime or wrong committed is one way of correcting oneself and being accountable. Here,

Meyers is illustrating being accountable to myself for choices I might make that affect myself. When my choices are wrong I will take responsibility for them and correct them if I claim to be an autonomous person. The aspect of autonomy as responsibility is evident here.

Joel Feinberg also touches on this idea of responsibility as an aspect of autonomy. Feinberg asks:

> What is it then to be in the actual condition of self-government? Whatever else we mean by autonomy in this sense, it must be a good and admirable thing to have, not only in itself but for its fruits - responsibility, self-esteem, and personal dignity (Christman, 1989, 30-31).

While Feinberg refers to responsibility as a fruit of autonomy, I believe it is important as an aspect or way of viewing autonomy in and of itself. He goes on to point out that autonomy is valuable in itself and for the fruit it produces. Feinberg notes that

> in normal circumstances, opportunity is more or less available for most people; the autonomous person is the one who makes the most of it. Autonomy, so understood, refers to a congeries of virtues all of which derive from a conception of self-determination, though sometimes by considerable extension of that idea (Christman, 1989, 31).

The chief items in this blend according to Feinberg are:

> Self-possession, Distinct Self-identity (Individuality), Authenticity; Self-selection, Self-creation (Self-determination), Self-legislation, Moral Authenticity, Moral Independence, Integrity (Self-fidelity), Self-control (Self-discipline), Self-reliance, Initiative (Self-generation), Responsibility for Self (Christman, 1989, 31-42).

Responsibility for self, then, is one of the virtues Feinberg refers to as deriving from autonomy or self-determination. While I agree with the notion of responsibility as a virtue, I refer to it more as an aspect of autonomy. That is, one way of viewing autonomy is to view responsibility. I especially believe this to be the case when the idea of autonomy or self-determination is expanded into the larger arena of moral legislators for a society (more on this later in this section). For now, however, I will address my argument for responsibility as an aspect of autonomy in response to Feinberg.

To be responsible is to be accountable. If responsibility is another way of viewing autonomy, the question arises as to whether one can be autonomous and yet not responsible. Can a person be self-determining and still be a criminal? In a strict sense I believe such individual examples do in fact exist. However, the reason I refer to

responsibility as an aspect of or way of viewing autonomy, is because while any number of individuals may not view it this way I believe society at large still views it this way. Just because there may be exceptions to the case does not mean society no longer views responsibility as an aspect of autonomy.

Even though one way people view autonomy is to be responsible as accountability, there is no guarantee each individual in society will practice that viewpoint. In other words, even though there is no guarantee everyone will agree, it seems that responsibility is an important aspect of autonomy. When a particular criminal does not agree with this, and chooses to practice criminal activity, society at large punishes such a person when caught. Society at large enforces the aspect of autonomy as responsibility. If an individual criminal will not view his or her autonomy as a sense of responsibility for actions and choices, then society at large will enforce this for them and restrict their autonomy by way of incarceration.

Perhaps a more meaningful problem for medical ethics concerning an aspect of autonomy as responsibility is not when someone is autonomous and chooses not to be responsible, but rather when someone is not able to be responsible and wishes to be autonomous. The example I am addressing is when suffering affects the ability to make choices for oneself, or the ability to be self-determining and accept responsibility

for oneself. This will be explored later in the chapter. For now, I am merely exploring responsibility as an aspect of autonomy. While particular individuals may choose not to view autonomy this way, society at large still does. The result is that it affects how society governs itself.

In considering responsibility as an aspect of autonomy, then, one must also examine its place in our lives as moral legislators. Thomas E. Hill, Jr., explores Kant's idea of humans as ideal moral legislators, "prescribing general principles to themselves rationally, free from causal determinism, and not motivated by sensuous desires" (Hill, 1991, 44).

> Hill believes there are two points here that are crucial.
>
> > First, having autonomy means considering principles from a point of view that requires temporary detachment from the particular desires and aversions, loves and hates, that one happens to have; second, autonomy is an ideal feature of a person conceived in the role of a moral legislator, i.e., a person reviewing various suggested moral principles and values, reflecting on how they may conflict and how they might be reconciled, and finally deciding which principles are most acceptable, and whether and how they should be qualified (Hill, 1991, 45).

Both of these points seem relevant to the discussion of responsibility as an aspect of autonomy. If one way society at large views autonomy is by way of responsibility, then there needs to be some guideline for an understanding of responsibility. The two important points Hill notes here are the ability to detach oneself temporarily from one's particular desires, and the willingness to review and reflect on various moral principles and values. It seems plausible then that society could be changing and developing its ideas of what it means to be responsible. It seems moral legislators need to be fair, not prejudiced, and open minded in their work.

The difficulty concerns the degree to which human beings can actually be impartial and/or ought to be impartial. Hill points out the tension between not being dictated blindly by our prejudices while realizing we humans are not devoid of personal impressions and viewpoints that need to be considered. Hill attempts to show that this tension is involved in an accurate notion of responsibility and autonomy, and I agree.

"People are not self-governing, in a sense, when their responses to problems are blind, dictated by neurotic impulses of which they are unaware, shaped by prejudices at odds with the noble sentiments they think are moving them" according to Hill. "When we make decisions like this we are divided against ourselves" (Hill, 1991, 50).

On the other hand, Hill notes that

> modern philosophers sometimes talk rather loosely about 'the moral point of view.' It is frequently said that the moral point of view is an impartial point of view, detached from one's individual loves and hates. But, in fact, there is not a single 'moral point of view;' what point of view is morally appropriate depends upon what is being viewed and what the question about it is (Hill, 1991, 47).

Hill's argument against one particular moral point of view that everyone ought to recognize strikes at the very heart of the problem concerning responsibility as an aspect of autonomy. However, just because the characteristic of being a diverse society with diverse viewpoints on what responsibility means causes a practical problem for the moral legislation of responsibility, it does not follow that responsibility is not an aspect of autonomy. As a society we may have difficulty defining and enforcing this understanding, but I still believe that as a society one way in which we view autonomy is through responsibility as accountability.

The problem, of course, that philosophy has not settled is: which personal values are valid, and which are mere prejudices to be thrown out? In a pluralistic society such as ours, there is no easy answer. Hill makes an important contribution to this dilemma with his argument against a

single "moral point of view." To make too much of the idea that there is a single moral point of view is to run the risk of making people less responsible rather than more responsible. One can imagine people claiming a lack of personal responsibility or accountability because they were unable to discover the one true "moral point of view," or claiming it was never taught to them in their college philosophy class, or claiming they never had philosophy in college, or never went to college, or giving any number of reasons whereby they were denied access to the one "moral point of view." This may provide people with reasons for shirking personal responsibility.

If, on the other hand, we honestly acknowledge competing moral points of view and consider reasons one might be stronger than another, we may be more likely to enhance responsibility. The reason I say this is because it would push us by way of competition. Rather than accepting the idea that there is only one moral point of view but I never had access to it, the acknowledgment of competing points of view implies one is responsible for evaluating that which one does have access to in their lives. The presence of choices implies a need for understanding distinctions and options. Hopefully, individuals would explore their options and accept responsibility for their choices and actions.

Applying this aspect of autonomy as responsibility involving accountability to the clinical setting, one can see

the relationship between responsibility and medical care. Glenn C. Graber, Alfred D. Beasley, and John A Eaddy, in their text Ethical Analysis of Clinical Medicine, argue strongly for

> bringing patients into an active role in decision making whenever possible, even if this means going against their wishes (and thus violating present autonomy). Informed consent is not a discretionary right to be exercised or waived as one wishes. It is, instead, one legal and ethical expression of a responsibility for one's life; this responsibility cannot simply be handed to another. Patients should be guided (gently and with supportive counseling) to accept responsibility for decisions affecting their own lives (Graber, Beasley, and Eaddy, 1985, 49).

Responsibility as an aspect of autonomy seems to be an important way of viewing autonomy in the clinical setting. To be responsible for one's life and decisions affecting one's life is to be accountable. In the medical clinical setting this way of viewing autonomy seems appropriate and helpful. Indeed, we speak of someone as exercising their autonomy when they make decisions concerning their health care. Likewise, when due to illness or suffering one is either physically or emotionally unable to make decisions concerning their health care we think of them as not having autonomy. Autonomy in the clinical setting is often viewed as responsibility.

There can be a danger in not taking seriously the issue of responsibility as an aspect of autonomy. Graber points this out by way of refering to Kant and then relating it to the clinical setting. According to Graber:

> Kant emphasizes this point in stirring language in the following passage: 'Laziness and cowardice are the reasons why so great a portion of mankind . . . remains under lifelong tutelage, and why it is so easy for others to set themselves up as their guardians. It is so easy not to be of age. If I have a book which understands for me, a pastor who has a conscience for me, a physician who decides my diet, and so forth, I need not trouble myself. I need not think, if I can only pay - others will readily undertake the irksome work for me.'

Graber goes on to argue that

> I think we are in danger of falling into the trap Kant describes here if we allow wide scope to paternalism in the practice of health care. In short, patients must be allowed to be in control of their own lives as fully as possible. Each decision should be made in full consultation with the patient (Davis, Hoffmaster, and Shorten, 1978, 242-243).

Responsibility as an aspect of autonomy is an important way of viewing autonomy. Connecting its importance to the

clinical setting where these theoretical issues become practical issues for daily decisionmaking, one can see how autonomy matters very much to us as people, patients, and to those caring for patients. To think about and be concerned with autonomy then is to think about and be concerned with responsibility as accountability. This means to be concerned about correcting oneself when one is wrong. This also means there is a role for moral legislation for society at large. In the clinical setting in particular, however, this means the patient is involved in being accountable for decisions concerning his or her health care. When the expression of our autonomy is closely connected to suffering, we find that this is something we care about greatly. It is important to keep this in mind when later in this chapter I develop the relationship between suffering and autonomy.

Individual

Another aspect of autonomy is that of the individual. When thinking in terms of the individual, I am suggesting that it is the characteristics of uniqueness and worthiness that combine to set off the individual as something of value. The notion that each individual is unique gives each individual an inherent worthiness based on novelty. It is true there are strong characteristics all humans have in common, but value is exhibited in those novel ways in which we are unique and set apart one from another.

It is true that there are many unique things in the world and just because they are unique does not guarantee they have value. Here, however, I am referring to humans as unique and novel and therefore having value. I base this on certain metaphysical presuppositions. One metaphysical presupposition that I hold is that human beings are uniquely created in the image of God, meaning human beings have a soul.

Another metaphysical presupposition I hold here is that human beings alone have autonomy as viewed by the previous aspects of freedom and responsibility. That is, human beings alone are held accountable for their actions and choices. Other living creatures may make choices, but society does not hold them morally responsible for those choices. I grant that some animals give evidence of a high degree of rationality, and perhaps an argument can be made to hold them morally accountable in certain situations. In the future I may be compelled to include certain animals in this category of individuals of special worth due to their uniqueness. When I am convinced they meet these prerequisites I will willingly include them in the classification mentioned here of that which has value based on novelty and uniqueness. While it is not open to just anything, this category is not eternally closed either from my perspective. As for now, however, my reference at this point is to human beings.

Who I am will only exist one time in space and time. The novelty of those conditions is valuable because it can never

be recaptured or lived out again. Once the experience or collection of experiences that makes up who I am is exhausted there will not be another me. Things I stood for and believed in may survive or be continued by others, but I myself will not continue forever. I am unique and of value, and I will only exist one time.

Building on this value of being an unique and novel individual, autonomy is one way to express that individuality. Therefore, one way of viewing autonomy is by way of the notion of an individual or individuality. Autonomy becomes an avenue for expressing this individual life. The exercise and expression of my autonomy is a means of letting others know who I am. The fact that I can express my autonomy is of value. Because autonomy is expressed by an individual, one aspect of autonomy often is this concept of a unique individual. We may say a community is an autonomous community, but what we mean is that it is made up of autonomous individuals that together form an autonomous community. Autonomy, however, as self-direction is extremely personal and individual. The expression of autonomy is a personal and intimate way of understanding and appreciating the individual. It is not surprising then that one aspect of autonomy is the notion of the individual.

> For centuries, philosophers, to their common grief, have been compelled to regard the relation between the universal and the particular as perhaps <u>the</u>

> problem underlying all others. Informing all disputes regarding thought and reality, concept and intuition, form and matter, scheme and content, theory and practice, norm and behavior, necessity and contingency, and so forth, the controversy over how the universal and the particular should be thought has struggled on without resolve. The inconclusiveness of the debate has been largely due to the prevailing assumptions that the universal and the particular could be conceived by themselves and that they could provide the resources for conceiving the concrete character of what is. With one great exception, thinkers have failed to conceive the missing link for their endeavors. This missing link is individuality, whose distinction from particularity has been chronically ignored, to the despair of legions of philosophers (Winfield, 1991, 51).

Richard Dien Winfield goes on to say that "unless individuality is conceived in conjunction with universality and particularity, neither the universal nor the particular can be thought, nor can the character of what is be rendered intelligible" (Winfield, 1991, 51). Strong words about the notion of individual, but words I would suggest that are a good starting point for the examination of the aspect of autonomy as the individual.

There is both a metaphysical and a physical way of thinking about the relationship between autonomy and the individual. In a metaphysical sense particular thoughts, experiences, ideas, and feelings are a part of being an autonomous individual. Autonomy involves individual notions of reality as perceived in an individual and unique way.

In a physical sense, the individual body supports being an autonomous individual. Thoughts and feelings are not just floating freely in the air; they are connected to bodies. To attack or hinder one's body is to attack or hinder one's thoughts and ideas. Respect for the body is a way of respecting the autonomy of ideas and personality as well. The physical and metaphysical are joined together in a way there is no consensus about in philosophy; but they are connected and joined together. Autonomy and the individual are uniquely connected in both metaphysical and physical ways.

Gerald Dworkin, in his work The Theory and Practice of Autonomy, looks at this relationship between an individual and autonomy. Dworkin seems to approach the individual's relation to autonomy in a more metaphysical sense. Dworkin points out that

> every moral theory has some conception of treating others as equal in certain ways to oneself. For the utilitarian, this is represented by treating the interests of each alike in the calculation of utility. For the natural rights theorists, all

> persons are assumed to have equal rights. For the Kantian, I may only act in ways in which I am prepared to accept that all others act (Dworkin, 1988, 30).

In all these examples where moral theory has some conception of treating others equal to oneself they appear to be more metaphysical in nature. Concepts such as interests, equal rights, and acceptance of others' actions that he mentions relate more nearly to the metaphysical way of thinking about the relationship between autonomy and the individual.

"There are various connections between autonomy as I have conceived it and metaphysical and attitudinal features of persons" according to Dworkin.

> Our notion of who we are, of self-identity, of being <u>this</u> person is linked to our capacity to find and re-fine oneself. The exercise of the capacity is what makes a life <u>mine</u>. And, if I am to recognize others as persons, as independent centers of consciousness, as <u>them</u>, then there is a requirement that I give weight to the way they define and value the world in deciding how I should act (Dworkin, 1988, 32).

A similar argument moving from the metaphysical to the physical is made by the theologian Dietrich Bonhoeffer.

Bonhoeffer, who was outspoken against and eventually executed by German Nazi leaders in World War II, states that

> the body is in each individual case always 'my body.' It can never, even in marriage, belong to another in the same sense as it belongs to me. It is my body that separates me in space from other men and that presents me as a man to other men. Any hurt done to my body is an injury to my personal existence.

Furthermore, he argued that

> among free independent persons any conscious injury to the body of another constitutes the destruction of the first natural right of man; it means that he is in principle deprived of all his rights and that natural life is destroyed (Bonhoeffer, 1955, 158-159).

For Bonhoeffer the relationship between autonomy and the individual is very important. However, Bonhoeffer seems more concerned about the attack on the physical body as an attack on the autonomy of an individual. He perceives an attack on the body as an attack on personal existence. It is not enough to talk merely about a metaphysical connection between an individual and autonomy. It is the physical body that houses the metaphysical notion of the individual.

This example is important for an exploration of suffering and autonomy. Where suffering involves a physical attack on

the body in the clinical setting, it is important to bear in mind Bonhoeffer's argument that this then also is an attack on the metaphysical nature of the individual person. It is the only body an individual will have. So when it is attacked or injured it is a personal attack or injury on the whole metaphysical conception of who an individual is also. In other words, in this way an attack on the body can be perceived as an attack on particular thoughts, experiences, ideas, feelings, values, and goals that are all a part of the metaphysical makeup of the individual person. This too is an important way of thinking about the relationship between autonomy and the individual.

Perhaps making the strongest connection between autonomy and the individual is Lawrence Haworth in his book entitled Autonomy. Haworth believes "the difficulty in saying why we value moral autonomy partly results from its inseparability from our sense of ourselves, not just our sense of what we happen to be, but our sense of being at all." He equates losing autonomy with a light going out. "We wouldn't be ourself, but also we wouldn't be a self. In any serious sense, we wouldn't be a person, or individual" (Haworth, 1986, 185).

In the strongest argument yet for autonomy and the individual, Haworth states his case. "Autonomy grounds individuality" according to Haworth.

> Without this there would be little for one to value. Worse, one would be incapable of valuing, beyond the valuing associated with having first-order wants. On the face of it, then, the question, 'Why do I value autonomy?' resembles the question, 'Why do I value life itself?' since barely being alive has the same relation with other values. To be free, to experience pleasure, to have preferences of mine satisfied, I must be alive, just as the value for me of these conditions largely depends on my being or at least my believing that I am autonomous (Haworth, 1986, 185).

This is a rich illustration concerning an aspect of autonomy as individual. Haworth points out the importance of how and why one view of autonomy is that of the individual. Combining both a metaphysical and physical way of thinking about the relationship between autonomy and the individual, Haworth points out how autonomy as an expression of the self also defines the self. When he says autonomy grounds individuality, I see this as a way of saying that an argument from morality (to express autonomy) is a major way of making a metaphysical statement about who one is (internal individual) in a physical place and time (physical individual). In this way I see both the metaphysical and physical concepts of an individual bound together and in turn

connected to autonomy. One major way, then, of viewing autonomy is by way of the nature of the individual.

Haworth also discusses the notion one might hold "that life is good since it is necessary in order that we might enjoy whatever goods life can bring." He points out how this could lead to an opposite conclusion as well, that being, that "life is also necessary for pain, frustrated desire, and slavery." The result might be "that one should tot (sic) up the goods and evils he has experienced and is likely to experience and let the bottom line determine whether his life is a good or a bad thing." Perhaps then one could argue whether it would have been better to have been born or not, based on whether there is a surplus of goods or evils. Haworth, in this example however, wants to argue it is different with autonomy (Haworth, 1986, 185-186).

> Although being autonomous is necessary even for having values, beyond first-order wants, and is thus necessary for experiencing such of those values as come one's way, it is also necessary for experiencing frustration and pain when those values don't come one's way. But we don't strike a balance, subtract the minuses from the pluses, and let the net result determine whether we value being autonomous. Again, as in the case of the value we place on barely being alive, at the limit we might strike a bargain in which we sacrifice our autonomy

> for some great gain (to others) or to avoid a great evil (to ourself or to others): one might agree to be lobotomized to gain relief from intolerable depression, knowing that the result will be life as a vegetable. But short of the limit we prefer our individuality and would endure considerable hardship if that were the price of retaining it (Haworth, 1986, 186).

I find Haworth's point to be the closest to my own thinking on this issue of any of the current philosophers I have encountered. His combination of both the metaphysical and the physical as a makeup of an individual, and then his relationship of that concept of individual with autonomy is a strong way of illustrating the individual as an aspect of autonomy. While Haworth suggests that a fundamental interest in being an individual needs no reason because it is so very fundamental, I have suggested there may be good reasons for such an interest in human nature. Reasons I have mentioned such as novelty, uniqueness, the once and for all time of the experience are all reasons I believe persons have such fundamental interests in being individuals. Autonomy is one way to express that individuality and likewise to have that individuality observed and respected by others. This seems to be a key point in the relationship between autonomy and the notion of the individual.

No individual is an island, and recognition of the role of community will be taken up a little later in this chapter, but at the core of what it means to be a human and to be alive is to recognize, appreciate, and express our individuality, even in a community of other individuals with individuality. I may choose to act like the community acts, but let the choice be my own autonomous choice as an individual.

"Being autonomous consists in having a measure of critical competence" according to Haworth.

> Such competence establishes one as an effective agent and as such brings the ability to make a mark on the world that is distinctively one's own. The fundamental desire to be autonomous is, in part, a desire to make that mark, not in order that it might be made, but in order to have made it (Haworth, 1986, 188).

Combining the physical and metaphysical notion of individual human beings, Haworth points out how one might attempt to explain this desire by referring to a person's finitude. The argument might then be made that

> By making a mark one leaves a trace of oneself which will persist into the void confronted when contemplating one's coming death and extinction. It isn't just that one wants to live a little longer, through or in the consequences of one's deeds. One wants to have done something in order

> that it will be a fact, throughout the eternity when one is not, that one once was: not merely occupied some space for a time, but individuated that space (Haworth, 1986, 188).

I could not agree more! I like this notion of "individuated space" that Haworth refers to. This term expresses the uniqueness of the individual. All physical bodies occupy space for a time, but human beings by virtue of their individual and unique and novel existence do more than just occupy space for a time. Human beings individuate that space. This argument is made for human beings on the basis of the metaphysical presuppositions I stated earlier concerning humans (made in the image of God, presence of a soul, and moral accountability). I realize that not everyone would agree with this. But these are the kinds of metaphysical presuppositions I hold concerning human beings, and in turn they are the kinds of reasons I see human beings individuating space in unique and novel ways. Furthermore, the exercise and expression of autonomy is a major way I see human beings individuating space.

No two persons ever individuate their space in an exactly alike manner. Novelty means there is value in each individuated space. Individuals must be free, must be responsible, and must be autonomous in the individuating of space. Three aspects of autonomy then are freedom, responsibility, and the individual. In each of these aspects

we see a way of viewing autonomy. Each of these aspects enriches our view and understanding of autonomy, and in the process helps us to understand better why autonomy matters so much. That was the purpose of this section of this chapter. This better understanding of why autonomy matters so much is important to the later discussions concerning the relationships between suffering and autonomy.

Zaner's Critique

Perhaps it would not be fair to talk about why autonomy matters without examining a critique of its value along with all the aforementioned virtues. A strong critique and evaluation of autonomy and the individual in medical ethics is given by Richard M. Zaner in his book entitled Ethics and the Clinical Encounter. Zaner begins by recognizing the value we as a society grant to autonomy. He points out that

> as a people, we prize and praise the 'self-made' person - independent, self-reliant, self-determining, self-sufficient - the one who 'did it my way' and 'did it on my own.' Thus, it is widely believed that respect for the individual or person is absolutely essential for understanding, evaluating, and deciding on practically every medical - ethical problem (as well as for many if not most other ethical issues) (Zaner, 1988, 286).

Zaner credits (or blames?) Kant with having most forcefully asserted this central thesis of modern individualism (Zaner, 1988, 286).

Zaner also points out how the history of medicine seems to follow a kind of Kantian notion of autonomy.

> The ancient Hippocratic commitment to act in the best interests of the patient, its proscription on abortive remedies and suicide, its strong endorsement of the physician's duty to act justly, its forbidding of 'mischief' and sexual relations with patients and members of their families, and its strict adherence to utter silence about them and their affairs - all seem to be early ways of expressing the underlying Kantian idea of autonomy and its valuing of persons (who must always be treated as 'ends in themselves' and never merely as means) (Zaner, 1988, 287).

Zaner goes on to note however that while "it is understandably tempting to accept the idea of autonomy as the moral foundation of medicine and the experience of illness, in keeping with the widely accepted view in medical ethics," this is not possible. "Not only does it fail to capture the basic sense of the therapeutic relationship of trust and care, it also involves several highly dubious assumptions" (Zaner, 1988, 288). There are two assumptions that Zaner rejects. These are: "the self is essentially closed in on itself" and

"the only direct experience one self has of another is sensory experience of the other's body. Hence, the other person is not experienced in any direct way . . ." Zaner believes these assumptions not only "do not elucidate and illuminate our actual experience and lives; they distort and mutilate them" (Zaner, 1988, 288-289).

What do these two assumptions, whether accurate or not, mean then according to Zaner? He believes they result in thinking that

> my own feeling of my own body is mine alone, my exclusive sphere of private feelings: my inner feelings of bodily movements (kinesthesias), my growling stomach or ache in my leg (coenaesthesias), the smoothness I feel when I run a finger over glass (sensation). But while it is true that only I can experience my own inner bodily states and feelings, it is not these I experience when I see that tree or hold my son's hand. These states and feelings, rather, serve as what functionally orients my seeing the tree, grasping my son's hand, talking with a patient. Thus, simply because my own experience of my own body is my own entirely, it in no way follows that everything I experience by means of these feelings is also my own entirely, private to me alone. If everything were private to the experiencing self,

> we would be condemned to what Scheler called a 'solipsism of the moment,' and everything would be quite exclusive to the self (solus ipse).

The result is that

> this would mean that there would be no basis for distinguishing between mine and thine; the very idea of such a distinction would be quite absurd (Zaner, 1988, 290).

While Zaner brings in some interesting points I tend to disagree with what those points have to say about autonomy. I am not sure that saying some experience is mine, and the value that has, means it can only be mine in some way that makes it impossible to relate it to others. The overall experience is an individuated experience that is uniquely mine, but that does not imply that some part or even much of that individuated experience cannot be part of someone else's individuated experience as well. In other words, some part in all of my unique experiences may be a part of another's unique experiences as well. Not all parts of every expereince are totally unique; nor do they need to be to still be my individuated experience.

Zaner is making key errors about individual experience and in turn errors about autonomy. A major problem Zaner has with autonomy is that it involves "several highly dubious assumptions" (Zaner, 1988, 288) By attacking the assumptions he is attacking autonomy (as he understands it) as a

foundation in medicine. Therefore, I believe he is making key errors about autonomy as well as about individual experience. His errors about autonomy are because of his errors about individual experience which he critiques as a dubious assumption for autonomy.

I value autonomy because I value my individual experiences; also I value others' autonomy because I value their individual experiences. In these joint ways we can discuss and share them and recognize a similarity between our experiences. In many such ways, we can form community. For most of our experiences in life we can probably find enough similarity with others' experiences to discuss them and form community around them. That does not preclude me from discussing them as being uniquely my experiences.

For example, in many ways we can discuss the similarities of our experiences of the death of a child or a parent and in the process form a community of those with that experience in support of one another. This does not mean that there is not a uniqueness to each of these experiences, because there is. Each experience is uniquely mine, and yet it can have much in common with another's experience that is uniquely that persons. The uniqueness of the experience is not dependent on the uniqueness of the totality of the experience. This seems to be where Zaner misses the point. If that were the case, there would never be any sense of community because none of our individual experiences would have anything in common with

another's. This is not the way the world is constituted. Communities do exist because we can share experiences, yet not all of any one of my experiences is exactly the same as all of anyone else's one experiences.

Zaner also believes autonomy as the moral foundation of medicine and the experience of illness is not possible because it fails "to capture the basic sense of the therapeutic relationship of trust and care" (Zaner, 1988, 288). I disagree with Zaner's assumptions and understanding of autonomy at this point as well.

What does my view of autonomy as explained here mean concerning the role of trust? It means that the trust I have in others is based on one of two things. Either it is a trust I have in the other person because we both have a shared experience in which I can trust them to understand my experience because it is similar to their own experience. Or it is a trust I have in the other person that they will respect my understanding of my experience even when it has not been their experience. Therefore, when I trust my illness to a physician it may be helpful if it were also an experience the physician could relate to as having encountered personally, but this need not be the case. I trust the physician with my feelings and experiences, not on some assumption that they are totally my experiences and mine alone, but on the trust that they are really mine. I need not trust the physician to have personally experienced similar

experiences. I simply trust the physician to take my experiences seriously. Trust is involved because I run the risk that my physician has never had similar experiences.

Communities form because we share more in common with others than we experience in solitude, I believe; but because I may or may not be in community with my physician, an element of trust is required. Perhaps Zaner believes I must trust the physician to have had similar enough experiences so that we can relate and discuss them together. I believe I should be able to trust the physician to respect my experiences regardless of whether he or she ever had anything in common with me at this point. Trust is an important element in the physician/patient relationship, but it is in something other than what Zaner believes.

Zaner argues that

> moral life is not first of all a matter of the isolated 'rational will' functioning in and of itself to provide itself with self-authorized and self-sufficient governance (autonomy = auto + nomos), and then, on that basis, relating to other persons in ways dictated by the self-derived moral law. To the contrary, moral life is essentially communal at its root, and it is mutuality (in all its complex forms), not autonomy, that is foundational. Nowhere is this more plainly evident

than in the contexts of clinical situations dealing with ill persons (Zaner, 1988, 292).

Again, I respond in agreement to a strong notion of community and mutuality. However, I tend to believe it is mutually autonomous persons that make up this community. Therefore, I begin with autonomy and an argument for the autonomy of an individual that is in community with other autonomous individuals. Zaner begins with community and mutuality as something other than autonomy as that which is foundational for clinical situations.

Autonomy in isolation is of little importance or meaning. The expression of one's autonomy in the presence of others gives it value and opportunity for relevance. The community that is foundational is, I believe, one in which autonomy is mutually recognized, acknowledged, valued and respected, and, most of all, practiced. But to arrive at such a community is to begin with an understanding of the autonomy of an individual as the foundation of such a community. This is important for a sense of trust in the clinical setting, especially trust as a part of the important relationship between physicians and suffering patients to be discussed in Chapter V.

However, autonomy does not consist in doing whatever one wants whenever, wherever, or to whomever one wants. It is not absolute. When there is no autonomy, my belief is we have more chaos than community. My understanding of autonomy

includes the ability and desire to compromise for the greater good, to work together for goals larger than oneself, while at the same time placing a great value on autonomy and the individual. One who believes in the value of autonomy and the individual, need not reject other values like community or compromise.

Perhaps there is a way of looking at autonomy in relationship to both the individual and community that would satisfy both Zaner and myself. Zaner's belief that morality is essentially communal and that it is in mutuality that autonomy is foundational, as well as my argument that autonomy matters because of the high value we place on the notion of the individual, seem to come together in thoughts expressed by a couple of philosophers from a religious viewpoint. (I make no assentions about what views on religion Zaner would accept). David C. Thomasma notes that

> the struggle for individual autonomy and recognition has been a long and hard one, and it is not yet completed. Both religion and medicine contain the seeds of that struggle, and both have played a major role in whatever success each has achieved.

Furthermore,

> respect for persons is a natural byproduct of the aims of happiness and well-being which are intrinsic to religion and the profession of

healing. Respect for persons ascends the ladder of values as both religion and medicine concentrate on the individual (Lammers and Verhey, 1987, 288).

In Henry Stob's writings, I find a real connection between the individual and the community. He argues that the

> Judaeo-Christian conception of man is that of a personal being who is first of all an individual. Now an individual, if human, is not a mere atom of existence; he stands within a complex network of relations. But he also stands apart; he is singular. Each man, every man, is distinct, unique. As such he forms an impenetrable boundary to all other existences. Being 'separate,' he has his own private identity, an identity that may not be ignored, compromised, or invaded, but only respected. Because every man has his individuality, no normal man craves long-run anonymity. To exist means to stand out, and if a man exists he wants to stand out, even when he is not outstanding. He does not want to be lost in the crowd, be absorbed in the mass, or be reduced to a number. He wants to be identified, named, singled out. When in our treatment of someone we fail in any measure to fulfill this need, we to that extent diminish and dehumanize him. This

sometimes happens within the medical community (Lammers and Verhey, 1987, 295).

While Stob acknowledges that a human person is an individual, each human has three other relationships according to Stob. The human's individuality is not atomistic particularity.

> One <u>is</u> an individual, one <u>becomes</u> an individual, with all the notes of individuality I have already recorded (identity, agency, and rationality) only in relation. In the Judaeo-Christian view there are three relationships within which the human individual is ineluctably caught up (Lammers and Verhey, 1987, 296).

The first of these relationships is that between oneself and God.

> The Judaeo-Christian man understands himself to be in an unbreakable ontic (even though a disturbed moral) relation to a transcendent self, who because he is a self cannot be invaded, and who because he is transcendent cannot be comprehended, but who because he is God is an unavoidable presence in man's consciousness (Lammers and Verhey, 1987, 296).
>
> There is a second relationship according to Stob, which bears with maximum directness on the work of the physician. Man is related not only to God, but

> also to nature - to the inorganic and organic world about him. Man is, in fact, rooted in this world (Lammers and Verhey, 1987, 297).

The third relationship in which one stands is social according to Stob.

> He is set in the context of other persons, all of whom belong to him, and all of whom in some sense constitute him. A self, if human, is not a self except in the company of what is not <u>his</u> self, but that of another (Lammers and Verhey, 1987, 297).

Stob's view of the individual, is one in which the individual is of great importance, while at the same time one's individuality is defined somewhat by these three relationships. I include this example as an alternative to Zaner's arguments about individuals and community. It may not be as important to decide which comes first as to recognize that one exists in importance and in relationships to others. Again, I am not suggesting what Zaner's views about God and human relationship with God is or ought to be. Stob's position is important because he recognizes the value of the individual while still acknowledging the significance of community relationships for that individual. I agree that respect for other valuable individuals and their individual experiences connects us in community.

In conclusion, I have discussed autonomy by way of the three aspects of freedom, responsibility, and the individual.

We value these aspects, and they are vital to our concept of autonomy. Autonomy matters to us greatly and a better understanding of these three ways of viewing autonomy helps us to understand the value attached to autonomy. I certainly do not want to argue that autonomy is the only value in relation to ethics and the topic of suffering; but I do claim autonomy to be a primary value, indeed probably the primary value in relation to ethics and suffering. With this importance established I will now examine the relationship between autonomy and suffering.

When Suffering Diminishes Autonomy

I will explore in this part of this chapter relationships in which suffering diminishes autonomy. I will examine conditions under which this is the case. In the last section I explored three aspects of autonomy which humans value (freedom, responsibility, and the individual or unique personhood). When suffering destroys these three aspects of autonomy, suffering diminishes autonomy. The purpose of this part of this chapter is to look at conditions under which this could happen.

> Gerald Dworkin believes
> there is an intellectual error that threatens to arise whenever autonomy has been defended as crucial or fundamental: This is that the notion is elevated to a higher status than it deserves. Autonomy is important, but so is the capacity for

> sympathetic identification with others, or the capacity to reason prudentially, or the virtue of integrity.

Furthermore, Dworken believes that "autonomy is both important normatively and fundamental conceptually. Neither of these precludes the possibility that other concepts are both important and fundamental" (Dworkin, 1988, 32).

I agree with Dworkin. I am not claiming humans are or ought to be absolutely autonomous. In other words, I am not claiming there are no conditions under which autonomy ought to be overridden. Nor do I believe autonomy is the only value with or about which we need be concerned. However, when exploring how suffering diminishes autonomy, I recognize that we value and desire autonomy. The three aspects of autonomy that I explored (freedom, responsibility, individual) are three ways of viewing autonomy as something of value and something we desire and therefore why autonomy matters to us. In this section of this chapter I am not claiming autonomy is the only value, but a great value to us as humans that may be diminished by suffering.

There is another important point that must be mentioned. According to Beauchamp and Childress, autonomy should never be interpreted as too broad in scope. For autonomy

> does not apply to persons who are not in a position to act in a sufficiently autonomous manner - perhaps because they are immature, incapacitated,

> ignorant, coerced, or in a position in which they can be exploited by others (Beauchamp and Childress, 1983, 63).

The point of this part of this chapter is not to claim that immature or ignorant people ought or ought not to be considered autonomous. There are debates in philosophy, psychology, and medicine concerning this very point as to how much knowledge or maturity is required to be granted autonomy. Rather, my point is to explore when suffering causes incapacitation, coercion, or exploitation to the degree that suffering diminishes autonomy. I am not trying to exalt autonomy to a higher degree than it ought to be held; nor do I claim it for people who lack it (for example - severely retarded persons or babies and extremely young children). I want to look at autonomous people having their autonomy diminished due to some circumstances surrounding suffering.

The first aspect I wish to explore is when suffering in some way diminishes personhood which in effect diminishes autonomy. When does suffering in some way diminish the individual? Robert Young points out that

> to the extent that an individual is self-directed he (or she) brings the entire course of his life into a unified order. This suggests that a person who is free of external constraints and who has the capacity to pursue a particular pattern of living may fail to be autonomous not just because his

> principles of thought and action (his motivational structure) are secondhand, but also because he is not able to organize these principles in a unified way. To put it more popularly, he may fail to get it all together because his inner self is disordered, is lacking integration (Christman, 1989, 78).

What kind of factors may obstruct the achievement of autonomy from within? Certainly an individual in a state of suffering, especially if intense and/or prolonged, could fit this description. Young talks about factors ranging from "neuroses which may give rise to long term and even permanent incursions into a person's autonomy" all the way to "self-deception, to ambivalence, to the kind of anomie produced by an individual's having ill-defined principles of action" (Christman, 1989, 78). These factors Young mentions all seem to be possible by-products of a state of suffering, whether mental or physical. It is true they could also arise as by-products of something other than suffering, and therefore whether or not suffering was the cause of the by-products would need to be investigated. My point is not concerned with whether suffering is the only producer of these by-products, but that a state of suffering could produce such by-products.

Similarly, Diana Meyers notes that an accurate self-portrait is not yet autonomy. "People who know what they are like but despise themselves or systematically suppress their

own desires, attachments, values, and so forth, lack integrated personalities and are not autonomous." The reason is because "autonomous people must be able to envisage life plans, and they must be able to fulfill the standards implicit in these plans" (Meyers, 1989, 80). So persons may have a clear understanding of who they are; but because of physical or mental suffering, they may not like who they are and they may suppress what they want. In this way their suffering could diminish their autonomy. In this example, suffering is not clouding their knowledge of who they are but rather is clouding their ability totally to be that person in activity or living.

For example, someone may have a physical deformity so grotesque so as to cause both physical and mental suffering. That person may think of themself as outside of that deformity and have an understanding of who they are and what they want out of life. However, due to the suffering brought on by the deformity, they may suppress living life like they would like to in actuality. They may desire to be very outgoing and mingle with other people, but their suffering may cause them not to like themselves with this condition and they may stay isolated.

Another example may be a person who was sexually abused as a child. Such persons may think of themselves as outside of that abuse and have an understanding of who they are and what they want out of life. However, due to the suffering

brought on by the abuse, they may suppress living like they would like to in actuality. They may desire marriage and parenthood, but their suffering from the sexual abuse may prevent them from pursuing what they really want in life. The suffering may cause them to believe that they do not deserve to be who they really are in reality. In both these examples suffering is not clouding their knowledge of who they are but rather is clouding their ability totally to be that person in activity or living. This is one way suffering could diminish autonomy.

One aspect of autonomy that was explored earlier is the notion of responsibility for self. Joel Feinberg states that "de facto autonomy, it would seem, is a conceptually presupposed condition of most judgments of responsibility." On the other hand, he points out that

> the connection between autonomy and responsibility, however, also works in the other direction: responsibility is a contributing cause of the development of autonomy. How does one promote in a child the development of self-possession, distinct identity, authenticity, self-discipline, self-reliance, and the other components of the autonomous ideal? Surely part of the required technique is to <u>assign</u> (prospectively) responsibilities, that is tasks that require initiative, judgment, and persistence, and after

> which the assignee must answer for his successes and failures. A corollary of prospective assignments, of course, are retrospective judgments of credit, blame, and the like" (Christman, 1989, 42-43).

Feinberg makes a very good point. There can be a problem like this with autonomy due to suffering. For example, one's suffering may become so great because of pain (whether physical pain or mental pain), that something must be done to mask or relieve the pain. In some instances, this could also eliminate or reduce responsibility, therefore also eliminating or reducing autonomy. Sometimes the only available method for relieving pain puts individuals in a state whereby they are also relieved of their responsibility to make decisions or future suggestions.

Such things as living wills and durable power of attorneys for health care are ways to maintain autonomy by making one's wishes known and followed even when one cannot express them or carry them out. However, these rarely cover every situation; in fact, they usually are tools for use in end of life situations. One can imagine suffering that diminishes autonomy and yet is not life-threatening. There may be times when the suffering is so great that individuals may opt to relieve their suffering by eliminating their responsibility and autonomy as well.

An example that comes to mind might be the conditions that surround a long recovery process for someone with severe burns to their body. In such a situation the prognosis for living may be good, but it could involve years of physical pain and suffering due to the therapy and treatments along with mental pain and suffering due to disfigurement and loss of occupation. In the process the suffering and pain may be so great (both physical and mental) that the patient needs immense drug therapy to relieve the pain. This method of relieving the pain may put the individual in a state whereby they are also relieved of their responsibility to make decisions due to the influence of the drugs or pain killers. In this sense then suffering can be said to be the cause that diminishes autonomy.

While one aspect of autonomy is responsibility, responsibility is not necessarily autonomy. One may opt to give autonomy up for a chance at some relief from severe and/or prolonged suffering. When that occurs, it can be said that suffering diminishes autonomy.

What we see then is a situation whereby an individual is not able to accept responsibility for decisions regarding his or her health care because of the suffering being experienced. In this way both responsibility and the notion of the individual is diminished thereby causing autonomy to be diminished. When the individual is no longer responsible for actions and decisions, there is no novel input that is

uniquely that individual's. When someone else must accept the responsibility for decisions for the individual that is suffering, there is a loss of novelty or creativity from the individual suffering. When individuals cannot contribute in their unique and meaningful way, their individuality has been diminished. Someone may stand in as proxy and do the best they can to accept responsibility for decisions for the individual that is suffering. But this is never exactly the same as if the one suffering could accept the responsibility.

In a discussion similar to Zaner's critique of autonomy, Feinberg raises some concerns about autonomy and community. Feinberg believes

> there is a danger in discussing, in the abstract, the ideal qualities of a human being. Our very way of posing the question can lead us to forget the most significant truth about ourselves, that we are social animals. No individual person selects 'autonomously' his own genetic inheritance or early upbringing. No individual person selects his country, his language, his social community and traditions. No individual invents afresh his tools, his technology, his public institutions and procedures. And yet to <u>be</u> a human being is to be a part of a community, to speak a language, to take one's place in an already functioning group way of life. We come into awareness of ourselves as part

> of ongoing social processes. Their fruits and instruments, precedents and records, wisdom and follies accumulate through the centuries and leave indelible marks on all the individuals who are a part of them. And all individuals <u>are</u> a part of these social histories. We can no more select our historical epoch than we can select the country of our birth and our native tongue (Christman, 1989, 45).

Feinberg goes on to ask and answer this question: "How do these truisms affect our thinking about personal autonomy?" He states that

> very clearly they place <u>limits</u> on what the constituent virtues of autonomy can be. The human world does not and cannot consist of millions of separate sovereign 'islands' each exercising his own autonomous choice about what, where, how, and when he shall be, each capable of surviving and flourishing, if he so chooses, in total independence of all the others, each free of any <u>need</u> for the others.

Feinberg goes on to say that

> it is impossible to think of human beings except as part of ongoing communities, defined by reciprocal bonds of obligation, common traditions, and institutions. Any conception of ideal human virtue

must be consistent with this presupposition (Christman, 1989, 45).

Of course, we cannot make autonomous choices about our lives before we are born. However, I would take issue with Feinberg and argue we can make many of the decisions Feinberg mentions once we do become autonomous (both by age and maturity). Perhaps more than ever before we do select our country, language, social community and traditions as expressions of our autonomy once we are autonomous. We live in a society in which young people are not as attached to their parents and relatives concerning these issues. We are a mobile society exposed to a variety of traditions and social communities in which young people feel more free to choose for themselves than ever before. One may argue at length whether this is good or bad, but I find it very unconvincing to argue it does not exist.

Again, I would refer to my earlier comments about community and my agreement that community is extremely valuable to our lives and who we are. I tend to think of our communities as composed of autonomous individuals who choose to identify with certain communities. I too value community and do not believe we are individual islands adrift in society. However, I do not see this as a threat to or lessening of my autonomy as Feinberg seems to imply.

Taking community (as composed of autonomous individuals) to be a positive value then, there is a way in which

suffering diminishes autonomy because suffering tends to isolate and set apart. Being cut off from community does harm to one's sense of personhood. With this loss of community can come a loss of meaning to one's suffering; and when this happens, one's autonomy may be diminished. When persons maintain their autonomy and suffer in a community, community meaning is attached to their suffering. The community may be religious, philosophical, racial or ethnic, or any other community whereby persons gather to attach meaning to life. Isolation makes it harder to find meaning in anything, especially in suffering. A loss of personhood and a sense of individuality by way of isolation from community leads to a loss of autonomy.

I believe that in isolation one is not aware if one is really autonomous or not. One needs a larger group picture to display or exercise autonomy. This may be like the question of whether there is a noise in the forest if there is no one there to hear it. Autonomy may be exercised in isolation, but who knows, or how does anyone know for sure? When suffering isolates someone from the rest of the human community and personhood is harmed, autonomy is likewise diminished.

Furthermore, when this happens for whatever reason, diminished autonomy (if cognizant of it) seems to <u>be</u> a type of suffering as well. In other words, suffering causes something (diminished autonomy) which in turn <u>is</u> suffering as well. This is an interesting example of a compounding phenomenon of

suffering as it relates to autonomy. Not only does suffering diminish autonomy, but the diminished autonomy itself is now an additional kind of suffering - the suffering of a loss of personhood. This can also lead to a loss of control and a loss of meaning or purpose in one's life. The compounding can go on and on.

All three of the key aspects of autonomy (freedom, responsibility, individual) are interconnected and seem to affect each other. This must be noted when discussing how suffering diminishes autonomy. When suffering causes one to have to surrender responsibility for choices, decisions, or actions then one has lost some freedom. One has lost the freedom to respond to suffering. When one has lost both responsibility and freedom, there is then no unique or novel contribution by that individual. One can see then how suffering can actually diminish freedom, responsibility, a sense of individual personhood (cutting off from larger community and isolating) and the essence of who one is. When this happens one can see how suffering has diminished autonomy. Something bad took place because something of value was diminished, and the nature of novelty means it can never be recaptured in that particular way again. This is what is meant by the relationship between suffering and autonomy in which suffering diminishes autonomy.

When Autonomy Diminishes Suffering

The relationship between suffering and autonomy that I will explore in this part of this chapter is a relationship in which autonomy diminishes suffering. I will examine conditions under which this is the case. Because there are three things humans value (freedom, responsibility, and the individual) that are also aspects of autonomy one can say that autonomy is something that matters to us. When these three aspects of autonomy are nurtured and allowed to flourish they can develop into a force that can diminish suffering. When this is the case, autonomy diminishes suffering. The purpose of this part of this chapter is to look at conditions under which this could be the case.

When discussing when autonomy diminishes suffering, we must keep in mind certain aspects of human nature. Changes inevitably come in life, whether we want them or not. Some changes involve suffering which we do not cause or desire to bring about. When we exercise our autonomy and become autonomous agents, the point shifts from the inevitability of the change to how we handle it. Of course, autonomous human beings create many changes as expressions of their autonomy. Here I am more interested in autonomy as an expression of and reaction to change that is inevitable and not always sought, especially where suffering is involved. I am talking about situations in which we cannot alter what has happened to us, but we can alter what our reaction will be. The suffering

being diminished is not only physical or mental suffering due to a health condition. It is ontological or metaphysical suffering as well; it is due to the loss of personhood in some significant way (say by the loss of exercised autonomy).

Joel Feinberg notes that

> we must mention first of all, however, that de facto self-government presupposes luck. If a person's luck is bad, circumstances beyond his control can destroy his opportunities. I do not govern myself if you overpower me by brute force and wrongfully impose your will on mine, or if illness throws me into a febrile stupor, delirium, or coma, or if poverty reduces me to abject dependence on the assistance of others. (Similarly a nation may not be able to govern itself in time of famine, or when stripped of its natural resources.) So a certain amount of good luck, no less than capability, is a requisite condition of de facto autonomy

according to Feinberg. What is interesting, however, is his further point that

> sometimes, however, unlucky circumstances can actually contribute to autonomy, as when a person is so situated that he can depend only on himself. He stands alone with no one else to help; hence he

> is 'thrown on his own resources,' and develops firm habits of self-reliance (Christman, 1989, 31).

When this happens, one is still autonomous in that one exercises self-direction in response to life's inevitable changes.

These inevitable changes in life mean that life itself is not static. This is an important notion to consider at this point. If by autonomy one means controlling all the changes which will come in life, this would seem ridiculous. Just because we cannot control our whole future, this does not mean we are not autonomous. Change is inevitable. Change is an element of the world to which all of us are subject, and it is a part of the cosmic makeup of our world. For good or bad no one can escape this. Autonomy then has a lot to do with our reaction to change. This is why I like what Diana T. Meyers has to say about change. Meyers believes that

> someone's concocting plans that far outstrip that person's abilities contributes nothing to autonomy. The life plans of autonomous people must be relative to the resources of the individuals who adopt them. On the one hand, they must set standards that these individuals could fail to meet, but, on the other hand, these standards must be ones that these individuals can realistically hope to attain. Thus, the process of establishing such plans starts from a person's self-portrait.

> But it is important to remember that this self-portrait is not static. People who succeed in making changes they believe in must adjust their self-portraits to keep abreast of these developments, and it may become appropriate for them to modify their personal ideals and goals in light of their revised self-concepts (Meyers, 1989, 80).

When suffering becomes part of one's self-portrait, it too is part of what one must adjust to and modify.

It is important also to keep in mind the diversity of human beings and how people adjust to and modify their lives in light of suffering while at the same time each is being autonomous in his or her own individual way. The importance of the individual as I discussed earlier appears in Meyers also. Meyers reminds us that

> the leading phenomenon of personal autonomy is human diversity. Unless one is impressed by the uniqueness of individuals, and unless one delights in this variegation, one will not suppose that these unique personalities should somehow be manifest in people's lives, and one will never wonder how personal autonomy is possible. Of course, this uniqueness does not entail that people have nothing in common. Still, it does entail that not everyone shares all of the same qualities and

> that no one's mix of qualities duplicates anyone else's. If this is so, and self-governance means giving expression to one's own qualities, self-governing people will create a variety of lives incarnating a variety of substantive goods (Meyers, 1989, 82).

The notion of the individual as I understand and argued for it surfaces in what Meyers talks about here. The individual faces both novel experiences of change and introduces novel and unique ways to deal with inevitable changes. Changes do not affect all people in the exact same ways, nor do people all encounter exactly the same changes in their lives. There are enough common experiences concerning changes so that we can learn from others who faced similar changes in life (job experiences, marriage, death of a spouse, etc.). At the same time each of these are novel situations in how, when, and why any one person experiences it. They are not completely novel but always novel and unique in some way because they are my experience right now.

When the individual is free and responsible in responding to life's inevitable changes, that person is expressing autonomy or is autonomous. When these changes are uniquely connected to suffering they can be serious and important. The ability of the individual to respond to them in a novel and unique way through freedom and responsibility means that autonomy is demonstrated. When this is the case one can say

autonomy has diminished suffering. The claim that suffering is diminished does not mean suffering necessarily disappears. It does mean in this example, however, that suffering did not destroy that which is important to the human. Because the human remains able to express autonomous, novel and unique desires, and be the human that he or she wants to be, it can be said that autonomy diminished suffering. The suffering has not conquered and destroyed the human at this point. Rather, the ability to express one's autonomous humanity in the face of suffering diminished the affect of the suffering to destroy the human.

When suffering is such that it prevents human beings from making any novel decisions and input into their lives, then the suffering diminished autonomy. But here I am referring to human beings rising up in the midst of their suffering and declaring that the suffering will not destroy them. Here human beings assert and express their novel and unique contribution in the face of suffering, and in the process this expression of autonomy diminished suffering by declaring that the suffering would not destroy who one is and what contribution that one will make to the world around them. The ability freely to demonstrate uniquely individual responsibility for actions, choices, and decisions concerning health care in the midst of suffering is what it means here to claim that autonomy diminished suffering.

I now wish to conclude this section of this chapter with some points about the ontological nature of human beings and autonomy that diminishes suffering. Suffering affects all people differently. Autonomy that diminishes suffering is autonomy that rejects the opportunity to quit being a human being or give up. As I mentioned earlier in this chapter, there is a suffering that comes about from a loss of autonomy, besides the physical or mental suffering that results from a health condition. When one continues to exercise one's autonomy in spite of suffering due to a health condition, one is refusing to quit exercising one's humanity to the fullest. Not only does this diminish this other suffering (call it an ontological or metaphysical suffering), but I believe it even affects and lessens (if probably not outright diminishes) this physical or mental suffering resulting from a health condition. When one feels better about oneself as a person, one can deal better with one's suffering from a health condition. The person may not be able to make it go away, but one can exert a control over it by assigning a purpose or reason for it. Both Stob and Haworth have something worthwhile to contribute to this point.

"As an individual, moreover, man is never a mere thing, an object. He is a subject, an active, dynamic center of will and power. He is a focus of energy" according to Henry Stob. Furthermore, Stob notes

> the human individual is alive, propulsive, and creative. He is marked not so much by passivity as by activity. He is not so much a patient as an agent. In an engagement with a thing, an object, there is no need to elicit the thing's consent. The thing can be manipulated at will, for it itself has no will, no freedom, no creativity. It is otherwise with man. There is no way, except in extreme emergencies or when a man is in an unconscious state, that one can legitimately bypass his inherent agency and spontaneity. Doctors know this, of course. They know that for healing, not operation, both co-operation is needed, but this is sometimes forgotten, and when it is the medicine is less than human (Lammers and Verhey, 1987, 295-296).

The important point here for this section of this chapter concerns Stob's distinction between engagement with a thing and engagement with a human being. His notion of a will, freedom, and creativity are all tied in to an expression of autonomy in the human being. Healing can be a result of autonomy that diminishes suffering. And as Stob suggests, even in suffering, patients and physicians ought to work in cooperation for healing to take place.

The activity of a human being as an autonomous agent that engages one's suffering head on is what I am referring to when

discussing a condition under which autonomy diminishes suffering. When the human being exerts his or her autonomy in the face of suffering, they have diminished some power of suffering to destroy them. They may not be able to prevent their physical death, but they can exert their autonomy in the face of suffering in such a way that the suffering does not destroy their personhood. The essence of who one is and how one wants to be remembered can stay intact by an expression of autonomy. In the process, autonomy diminishes suffering's ability to destroy the essence of the person.

Another similar way of looking at this comes from Haworth. He points out that

> being autonomous one possesses second-order volitions, and through these envisages conditions one wants to see realized and other conditions one wants to see removed. One endorses specific features of the world, rejects others, and has a desire to act so that these second-order volitions are realized. One senses responsibility for the states of affairs one endorses and rejects. One feels responsible, not necessarily for the existence of these features, but for preserving or overturning them (Haworth, 1986, 188).

The key point Haworth makes that relates to my argument is his notion of one not being responsible necessarily for the existence of certain features, such as the presence of

suffering, but being responsible for preserving or overturning such features. While one may not be able to completely overturn suffering, my argument has been that by way of autonomy some degree of suffering can be diminished. Again, I am primarily concerned with this notion of ontological or metaphysical suffering as I described it as opposed to just physical pain.

In my experiences as a hospital chaplain I saw this kind of example of autonomy that diminishes suffering over and over. I also saw where lack of autonomy did not diminish this kind of suffering. Those suffering patients that chose to exert their autonomy in the face of suffering often expressed how they continued to feel human and be a part of humanity. In this sense they did not experience the additional metaphysical suffering of feeling less than human. Many such suffering patients also expressed their opinion that not only was this kind of metaphysical suffering diminished, but their physical pain and suffering seemed diminished as well.

Likewise, most patients that shared with me their sense of a loss of their autonomy and inability to express their autonomy in the midst of their suffering, also shared a sense of suffering over lost personhood as well as physical pain from the disease. This trend became most predictable in my experiences as a chaplain.

Many times, I suspect, the ability to maintain and exercise autonomy gives one a security and assurance and

control. This, then, in turn diminishes the suffering; but the suffering is no less real. Some sense of control over one's life (even if it cannot make the suffering disappear or the reason for the suffering disappear) by way of autonomy can in fact diminish the suffering. Knowing that one has control over some important aspects of one's life (or perhaps that God has control), puts the suffering in a different light. This control leads one to reevaluate the suffering and find some direction and purpose in the midst of it. Suffering will not occur meaninglessly then; rather persons <u>will</u> be aggressive and assign a purpose to it. Therefore, by virtue of exercising their autonomy, they in essence diminish their suffering.

How can one go about accomplishing such an activity? Stob offers the notion of rationality as an example. Stob reminds us that

> reason, as this is embodied in human beings, extends not only to the cognitive, but also to the affective and evaluational dimensions of existence. Reason in man is not only technical; it is this, but more; it is ontological. Reason in man is an ability to grasp the shape and structure of the universe, and to put himself in touch with that overarching order under which he resides. It is by reason that man is able, not merely to move in prescribed ways from premises to conclusions, but

> to discern, and if not to discern then to posit, a universal law, and the ends of human striving appropriate thereto. To be rational is not only to know how, but to know what, and to know why. To be humanly rational is, in short, to be constituted not merely narrowly scientific, but metaphysical and moral (Lammers and Verhey, 1987, 296).

Stob expands rationality beyond the mere logic of premises and conclusions, to a rationality that asks questions about the metaphysical and moral world as well. Rationality is Stob's way of introducing the metaphysical concerns of what it means to be a human as a part of all human's concerns on some deeper level. The point I believe he is concerned with is not determining a certain level of rationality that must be evidenced to be classified as a human, but rather that to have these metaphysical concerns about being a human is not outside the scope of reason and rationality.

As Stob developed this point and related it to medicine it became obvious how human beings, even those that may be suffering, can as an evidence of rationality assign meaning and definition to their suffering as an expression of their autonomy. When this is accomplished, autonomy diminishes suffering. I agree with Stob's theory and its application to medicine as well. I contend that when autonomy diminishes suffering one is not talking merely in theoretical terms. Rather one is talking about something of value for the

clinical setting in everyday life experiences. The application to the applied medical setting will be developed more in the last section of this chapter.

The idea that autonomy diminishes suffering becomes very important in relation to issues of terminal illness and death. Many patients facing death, especially after a long illness, reach a point where as an expression of their autonomy they refuse any further medical treatment. This expression of autonomy diminishes suffering in that the person makes a decision concerning the nature, purpose, and meaning of his or her life and impending death. To have some say in the last stages of life and how one will face and enter death can be a power exercised through autonomy. Furthermore, it can diminish the suffering that comes about by way of the unknown and by inconsequential aspects of life and death. The individual exercises meaning and purpose to their last days of life. While this may not sound like much, perhaps it ought not be taken too easily for granted. Not everyone will know how and by what means they will die; yet everyone will die. The power in this may not be truly valued until it is the last power we have left to exercise and experience.

Along this same theme, Karl Rahner, writing from a theological perspective, points out that

> liberty in the theological sense, therefore, deeply and fundamentally, is not merely the ability to do one thing rather than another, let alone the

possibility of always being able to do the opposite of what one has done before. It is rather the possibility open to the free subject or person of disposing totally and finally of himself and his life, as an individual and a whole (Lammers and Verhey, 1987, 299).

Rahner then points out how the "situation of approaching death is really an unusual situation for liberty. For death brings to an end the time and space in which a person orders himself in the direction of finality" (Lammers and Verhey, 1987, 300). But there is a kind of liberty here, a kind of power and sense of who one is, and there can be a kind of autonomy that diminishes suffering as well.

According to Rahner,

this means that a person ought to die 'consciously' as far as possible. He ought not simply to <u>suffer</u> death but should also paradoxically <u>suffer it actively</u> as an act of liberty. He therefore has the right to know that he is going to die, and when. If and in so far as this knowledge can reach the dying person only by means of a communication made to him by the people round him, this communication must not be withheld. If the moment when this communication is made, and the way in which it is made, are chosen properly, it does not have to come as a frightening shock to the dying

person. The very helplessness which the patient experiences inwardly can awake a gently composed awareness of death as the situation confronting him (Lammers and Verhey, 1987, 300).

There is, then, a kind of autonomy that diminishes suffering. When individuals exercise their autonomy in the midst of physical or mental suffering due to a health condition, they can diminish the suffering that attacks their sense of who they are. This metaphysical or ontological suffering calls their very being and purpose into question. When one exercises autonomy in the midst of suffering, and names the enemy and assigns purpose and meaning in the midst of it, then autonomy diminishes suffering. My experience is that this newly re-born full human being can also diminish some physical and mental pain and suffering as well, according to that which suffering patients have shared with me.

This is not based on false hope; rather it is based on the reality of a physical life experiencing the reality of suffering. Autonomy exercised can diminish suffering because the autonomous agent stays active and involved (and therefore fully alive) to the end. To live life to the fullest, no matter what kind of life it is, is the privilege and reward of autonomy. One need not be dying to suffer in this metaphysical way; however, almost everyone who is dying runs the risk of suffering this way along with the suffering of physical and mental pain.

I began this chapter by exploring why autonomy matters to us. The three aspects of autonomy that have tremendous value for us in relationship to suffering are freedom, responsibility, and the individual. By saying we value these three aspects of autonomy we say autonomy matters to us. When suffering diminishes these three values suffering diminishes autonomy. On the other hand, when these three values flourish in the midst of suffering autonomy diminishes suffering.

In exploring these three sections of this chapter I made reference to numerous philosophers, mostly contemporary philosophers. The reason I chose the philosophers I did and the particular things they had to say had to do with support of my topic. I was most interested in what philosophers had to say about freedom, responsibility, and the individual as aspects of autonomy. Autonomy matters to us for many reasons, but because I chose these three as primary I wanted what philosophers had to say about these three in particular. Furthermore, since I am interested in the relationships between autonomy and suffering I was interested in particular in what philosophers had to say that could be examined in light of these proposed relationships.

Many philosophers have had much to say about both autonomy and suffering. My unique contribution, modest as it is, is to note this particular relationship in which suffering diminishes autonomy or autonomy diminishes suffering. My result is that the unfortunate possibility exists that

suffering can diminish our autonomy, but the realistic and positive possibility also exists that autonomy can diminish suffering. In the last part of this chapter I will point out how these relationships are evidenced in the clinical medical setting by virtue of informed consent and refusal of treatment.

Informed Consent and Refusal of Treatment

In this section of this chapter I will examine a way in which autonomy is applied practically in medicine. A look at 'informed consent' and 'refusal of treatment' as expressions of the practical exercise of autonomy in medicine will demonstrate how autonomy takes on significance in the clinical setting. After some introductory remarks about these topics with particular reference to the thoughts of Tom L. Beauchamp and James F. Childress from their book entitled Principles of Biomedical Ethics, I will go on to relate these topics to the previous three sections of this chapter. I will pay special attention to pointing out how 'informed consent' and 'refusal of treatment' are relevant to the relationship between suffering and autonomy (when suffering diminishes autonomy and when autonomy diminishes suffering).

It is not by accident that I choose to look at introductory remarks concerning informed consent and refusal of treatment as discussed by Beauchamp and Childress. I find what they have to say on this subject to be clear, intelligent, relevant, and widely accepted by philosophers in

medical ethics. Their textbook presents this topic and others in such a relevant manner that it is often chosen as an introductory textbook in medical ethics. I choose to cover some introductory and general remarks at the beginning of this section so that it could be used later as my reference. In this way when I later refer to terms or points concerning these topics it will be clear what it is to which I am referring.

Beauchamp and Childress point out that historically and contemporarily two positions about the function of and justification for informed consent have dominated the literature. "One maintains that the purpose and justification for obtaining informed consent is to protect persons from various risks of harm." Whereas,

> the other position sees the purpose and justification for obtaining informed consent as respect for the autonomy of patients, by recognizing their rights to know and choose. Those who subscribe to a justification based on protection of autonomy are not inclined to protect patients against their choices, on grounds that such constraint would violate their autonomy (Beauchamp and Childress, 1983, 67).
>
> While a person's decision may indirectly function to prevent harm, the person may also autonomously choose a greater risk than others

> would choose for him or her. The principle of autonomy justifies allowing a person this option of accepting increased risk, and we therefore consider the protection of autonomy to be the primary function of informed consent regulations (Beauchamp and Childress, 1983, 68).

This is particularly important to keep in mind when considering a patient who is suffering and making medical decisions.

There are four elements that make up what is considered informed consent. The information elements consist of a disclosure of information and a comprehension of information. The consent elements consist of voluntary consent and a competence to consent.

> It is widely presumed in literature on the subject that each of these four elements is a necessary condition not only of an <u>informed</u> consent, but of a <u>valid</u> consent as well. This assumption is understandable because informed consent <u>authorizes</u> others to act in certain ways, in the sense of giving them valid permission (Beauchamp and Childress, 1983, 70).

Concerning the disclosure of information and a comprehension of information, it is obvious that the more information one knows and comprehends the more one can express one's autonomy. If autonomy is self-direction and self-

governance, and is viewed in light of freedom, responsibility, and the individual, then the more information one has and comprehends about oneself the more one can govern or direct oneself. Therefore, the two information elements of informed consent (disclosure of information and comprehension of information) appear to be obviously important for an expression of autonomy on the part of suffering patients. What I find a bit more challenging and directly related to autonomy and suffering are the two consent elements of informed consent (voluntary conset and a competence to consent). In other words, I will explore concerns about voluntariness and competency in suffering patients.

Beginning with the second of these two, Beauchamp and Childress are correct in their analysis that "competence to consent could perhaps be more appropriately described as a presupposition of informed consent than as a element of informed consent." They point out that

> in one primary use, 'competence' is a psychological term referring to a precondition of acting voluntarily and apprehending information. It is fundamental in biomedical contexts, where certain physical and mental conditions render patients and subjects incapable - in psychological fact or in law - of informed consent or refusal (Beauchamp and Childress, 1983, 70).

This way of describing 'competence to consent' as a presupposition seems more appropriate. If there is no competency to consent the issue becomes a moot point. The issue of informed consent rests on competency; competency to understand information and competency to consent to some action based on the information.

What, then, is suggested on the part of Beauchamp and Childress concerning the first of the consent elements, that of voluntary consent? Beauchamp and Childress define voluntariness as

> exercising choice free of coercion or other forms of controlling influence by other persons. Voluntariness thus refers to the ability to choose one's goals, and to be able to choose among several goals if a wide choice is offered, without controlling constraints presented by other persons or institutions (Beauchamp and Childress, 1983, 87-88).

The first expression of the practical exercise of autonomy is informed consent. While it is understood as having four elements according to Beauchamp and Childress, the two that seem most meaningful to my concern about suffering and autonomy are the elements of voluntary consent and a competence to consent. Competence as a presupposition of informed consent and voluntariness as exercising a choice free

of coercion will be evaluated in light of suffering in this section of this chapter.

The second expression of the practical exercise of autonomy mentioned is that of refusal of treatment. Beauchamp and Childress note that

> the problem of informed consent in the broadest sense is the problem of informed decisionmaking. Patients and subjects with the capacity to consent may refuse instead, and we are equally concerned that these refusals be competent, informed, and voluntary. Although refusals can occur in non-life-threatening circumstances, the major controversies emerge from refusals of medical therapy necessary to sustain life (Beauchamp and Childress, 1983, 90).

Of course the issues surrounding informed consent and refusal of treatment are much more complex, difficult, and challenging than the mere touch on these topics I have provided at this point. In the next part of this section I will explore how they interact with suffering (in particular competence and voluntariness), and in that way explore more deeply the relationship between autonomy and suffering.

That part of the relationship between autonomy and suffering that I wish to address now is when suffering diminishes autonomy. To accomplish this involves a look at the relationship between informed consent and suffering as

well as refusal of treatment and suffering. Furthermore, to accomplish this goal I will explore two specific elements (the element of competence and the element of voluntariness) of informed consent as discussed by Beauchamp and Childress and show their relationship to suffering that diminishes autonomy. How, then, does the suffering that diminishes autonomy relate to these elements? Beauchamp and Childress point out that

> judgments of competence always require a context. Depending on the context specified or assumed, one could be competent or incompetent to stand trial, to raise dachshunds, to write checks, or to lecture to law students about competence.

Furthermore, "judgments of competence and incompetence thus often apply to a limited range of decision making, not to all decisions made by a person." As a result, "the same person's ability to make decisions may vary over time, and he or she may at a single time be competent to make certain practical decisions but incompetent to make others" (Beauchamp and Childress, 1983, 71). In those instances where suffering reduces competence, informed consent is jeopardized. This connection is an important one. When suffering diminishes competence which diminishes autonomy, it then jeopardizes informed consent.

> What, then, do we require for competence? In competence judgments we are concerned with ability to perform at or above an established

> threshold on a performance continuum. Any person below a certain level of abilities will be treated as incompetent. Except for the extreme end of 'no ability,' however, it is difficult in most contexts to avoid a great many cases of borderline incompetence. Moreover, if persons have been declared generally incompetent, it does not follow that they are incompetent to make some important decisions, including ones about medical treatment. The validity of their consent or refusal will depend in complex ways on the precise nature of their incompetence to consent and on the precise constraints characteristic of their conditions of life.

The result is that

> a person is commonly said to be competent only if both capable of processing specifiable information and capable of choosing goals and the means to those goals as well as acting on reasonable decisions (Beauchamp and Childress, 1983, 71-72).

Of course, competence, especially when now surrounded with an element of suffering, becomes a problem. Again I point out that this is the key connection. The relationship between suffering and competence is all important for my argument at this point. One can imagine suffering brought on

by extreme pain so that someone is literally unable to make a competent decision.

In the case of some kinds of extreme physical pain one can imagine oneself unable to make competent decisions at that point. If the physical pain is of such great intensity and continues for a long duration this inability to make a competent decision continues as well. The physical energy sapped to cope with the physical pain would seem to diminish the energy needed to think clearly and competently. Also, the physical pain could become so great that the person begins to withdraw, shut down, and even pass out. This would negatively affect competency radically.

In the case of some kinds of extreme mental pain one can also imagine oneself unable to make competent decisions at that point. When the mental pain is of such great intensity and continues for a long duration in time this inability to make a competent decision may continue as well. Again, the energy sapped to cope with the mental pain would seem to diminish the energy needed to think clearly and competently. Here too one could withdraw, shut down, become fatigued or enter a state of denial in response to intense mental pain to such a degree that one is not competent. In some ways this is what happens when the shock of an unexpected death of a close relationship occurs. Often people are in such shock and later grief that they feel they are incompetent to make certain key decisions at that point.

There is the added aspect of treatment for intense pain whether it be physical or mental. Some methods of treatment involve strong drug therapy which obviously affects mental operations involving thinking clearly and competently. In these cases it may not be the pain of the suffering itself that affects competency, but rather the treatment of that pain caused by suffering that adversely affects competency.

In any of these instances and others, one can imagine suffering that adversely affects competency. The key connection then of competency to autonomy and this then to informed consent illustrates how the possibility exists for suffering to diminish autonomy in the clinical setting. But there is another problem that is a part of all of this which is a methodological problem. Determining competence is not an exact science. It is very much an issue that is loaded with values. Competence judgments often involve personal values, notions of value - laden personal life goals and purposes as well as all kinds of metaphysical values and ideas that affect one's decision. Beauchamp and Childress correctly point out that

> a further problem is that a 'competence' judgment can hide a significant value judgment about another person. A person who appears irrational or unreasonable to others might be declared incompetent in order that 'treatment' can be provided. Such a declaration conceals a value

> judgment about what a rational person ought to consent to do, presented in the guise of an empirical determination of incompetence (Beauchamp and Childress, 1983, 73).

The difficulty is that ". . . empirical judgments of psychological competence are not value free" (Beauchamp and Childress, 1983, 74).

I have no new methodology to offer for determining when one is competent or not due to a state of suffering. There are times when suffering, especially extreme, may cause one to be unreasonable and incompetent; but I have no method for determining when that precisely is the case. When it is the case, however, I suggest that suffering has diminished autonomy. Furthermore, because determining competence involves value judgments, I would suggest that autonomy be respected to as high a degree as possible when making that decision. When taken seriously, this is not easy, which is why it is all the more important to be aware of this issue.

Now for a look at the issue of voluntariness as an element of informed consent and its relation to suffering that diminishes autonomy. What does it mean to make a voluntary decision, and when does suffering interfere with the voluntariness of one's decision? This is a difficult problem also. I will begin by looking at controlling influences. Beauchamp and Childress point out that

> noncontrolling influences must also be distinguished from controlling influences. We almost always make decisions in a context of competing wants, needs, familial interests, legal obligations, persuasive arguments, and the like. Many inducements will thus be influential but not controlling - though no sharp boundary can be drawn in many cases between controlling and noncontrolling influences (Beauchamp and Childress, 1983, 88).

The presence of suffering further dulls this already unsharp boundary. If it were difficult to distinguish this boundary before one is suffering it is especially difficult after one is suffering. Something may not be a controlling influence in one's life when one is not suffering. However, due to suffering the reverse may be the case. Take for instance the example of a persuasive argument. What is required to persuade me in my choice may be a much greater level under normal circumstances as opposed to what is required to persuade me in my decision in a state of suffering due to immense physical pain. The same could be true due to immense mental pain in which I may not be thinking clearly or maintaining an ability to concentrate very well. What would be required to persuade me in a certain decision might be much less under these circumstances as opposed to more normal circumstances. So if the boundary between controlling and

noncontrolling influences is already difficult to distinguish, the presence of suffering seems to only dull that unsharp boundary.

"Loss of power of rational choice would bring inability to form second-order volitions of one's own" according to Lawrence Haworth.

> The self-critical and self-monitoring functions would be replaced by receptivity to the thoughts and volitions of dominating others, impulsiveness, or anomic behavior. Such a result must seem repulsive to anyone who positions himself as a responsible creature. Not to resist the threat would be a choice to allow oneself to become incapable of maintaining one's generalized stance of responsibility, and (if one thinks about it) such a choice must seem to one to be irresponsible (Haworth, 1986, 189).

Suffering may at times cause this self-critical and self-monitoring functions to be replaced by receptivity to others. While one may then feel irresponsible and that one has surrendered autonomy, if the suffering is extreme enough a person may not care about this surrender.

> The question may be asked, how can this take place? In clinical medicine patients are often abnormally weak, dependent, and surrender-prone. Influences that might ordinarily be resisted become

> controlling. A patient may be influenced to a conclusion even though the health professional has no intention of orchestrating the outcome. Compliance may be induced by influencing or contributing to the desperation, anxiety, boredom, hope, or other human emotions pervasive in the lives of patients. Even the hope of more attention and better care can be a significant factor for a bedridden individual. Thus, what a health professional regards as an attempt at rational persuasion may in fact irrationally persuade or manipulate by tearing at the patient's vulnerabilities (Beauchamp and Childress, 1983, 89).

Certainly suffering, whether physical or mental, is part of what can lead to the situation just described. When this is the case, it is difficult to tell if voluntariness is truly a part of the patient's choice in some informed consent decision. Again, I have no exact methodology for determining when this is the case; but <u>when</u> it is the case, suffering diminishes autonomy; and I believe it is the case in many instances.

Suffering and informed consent tend to merge, especially in the case of terminally ill patients, in refusals of treatment for health care. "A number of precedent legal cases suggest that the patients' informed refusal should be

decisive" according to Beauchamp and Childress. Two court cases they mention are Erickson v. Dilgard and In re Estate of Brooks.

> In the first case, bodily self-determination was regarded as an inviolable right, while in the second, free exercise of religion was cited as the basic right. But patient refusal was decisive in both. While the law is at present tentative and uncertain in this area, courts appear to be moving in the direction of greater latitude of patient choice, unless there is questionable competence or some compelling state interest outweighs the patient's autonomy (Beauchamp and Childress, 1983, 91).

It becomes clear then that suffering diminishes autonomy when it adversely affects the competence and voluntariness elements of informed consent and when it calls into question someone's reasons for refusal of treatment concerning health care. What is not clear at all, however, is when and under what conditions this is the case. This means that while respect for autonomy should usually prevail, there are times when suffering diminishes autonomy; and paternalism is required. Living wills are one way to establish autonomy by advance directive when suffering erodes one's ability to act autonomously; but this does not cover every type of situation in which suffering diminishes autonomy. Medicine is not an

exact science; and the care of sick, ill, and dying autonomous human beings is a challenge to all health care professionals. This point will be explored further in the last chapter in which I look at the relationship between suffering patients and the physician.

That part of the relationship between autonomy and suffering that I wish to address now is when autonomy diminishes suffering evidenced through informed consent and refusal of treatment practiced in the clinical setting. I want to examine competence as something that involves internal growth, development, and an ability to change as circumstances require. This kind of competence, then, I believe leads to a strong sense of autonomy - an autonomy that can handle life's tragedies and life's sufferings when they come our way because of its growth and flexibility. According to Diana T. Meyers:

> People who have a well-developed competency are curious about and sensitive to their inner lives; they have a lively recall of their own experiences and of human experience they have learned about through conversation, reading, or the dramatic arts; they easily generate alternative courses of action for consideration; they vividly imagine themselves acting in various ways while anticipating the probable consequences of each; they compare the reasons supporting various options with assurance; they candidly communicate their

> concerns to others; they listen to and assimilate other's impressions and suggestions openmindedly; they marshall the resolve to carry out their own decisions; they are alert to both their own and others' negative and positive reactions to their conduct.

Meyers goes on to note that

> these are skills with which everyone is acquainted and with respect to which each of us knows roughly how proficient he or she is. There may not be any tenable method for assigning numerical ratings to these skills, but that is no reason to conclude that no one has the slightest idea how competent he or she is (Meyers, 1989, 87-88).

The development of these skills results in an ability to change one's mind or direction in life when warranted. This is the key point involving competency in this section. The key here is not that autonomy means I can dictate everything that will ever happen to me. Nor is it absolute autonomy. Rather the autonomy I value here is the ability to change one's mind and alter a course in life because of or in spite of (whatever the circumstances lends itself to) something unforseen and terrible that occurs. In other words, it is the ability to exercise autonomy in such a way that autonomy diminishes suffering.

I agree with Meyers in that just because it may be difficult if not impossible to assign numerical ratings to such skills, that is not a reason to conclude that such skills do not exist. The skills of flexibility and generation of alternative courses of action in the midst of unforseen suffering are just the kinds of evidence that I believe point to autonomy as discussed here. The more autonomous one is the more one can give evidence of these skills. And the more one can display and implement these skills the more one gives evidence of autonomy. This is one kind of autonomy that diminishes suffering that can be in evidence in the clinical setting.

It seems, then, that a strong sense of competence does not necessarily mean never changing one's mind or direction. Rather just the opposite may be true under certain circumstances. An authentic self, in the sense of a self that exercises autonomy to the fullest, is a self that is flexible in light of life's unsuspected changes. When suffering comes, and the person can adjust and change in the midst of that suffering, that expression of autonomy is one that can diminish suffering.

Along similar lines comes a view involving a notion of competence as duty to self or responsibility to self. "Thinkers who sharply contest one another's views in other respects generally agree about one principle underlying autonomy" according to Meyers.

> Rawls dubs this principle the principle of responsibility to self and states it as follows: 'the claims of the self at differing times are to be so adjusted that the self at each time can affirm the plan that has been and is being followed.' (1971:423; also see Fried 1970: 158-161, 170-176). The idea is that people are enduring entities capable of pressing new claims as time passes and that people should provide for their futures (Meyers, 1989, 117).

Competence as duty to self or responsibility to self seems to imply that a competent person is one who cares about oneself. It does not mean one cannot care about others as well, but one ought to care about oneself if one is to be considered competent. The way this is argued here is by way of the expression of affirming one's life plan that is being followed and being capable of creating new life plans as situations dictate. An element of flexibility appears again as conditions may cause one to change life plans and the competent person ought to be able to do this.

To the degree that one is able to be flexible in light of suffering and alter one's life plans when suffering dictates, it can be said that someone is competent and able to exercise autonomy. In this sense to exercise autonomy as duty to self is actually to diminish suffering by becoming more of a competent person. The more one can be flexible in the midst

of suffering the more one can hang on to a sense of personhood. And the more one can claim and understand one's personhood in light of flexible life goals the more one expresses autonomy that diminishes suffering (at least metaphysical suffering).

This notion of duty to self as an element of competency becomes important. For one way a person exhibits competency is by being flexible in the midst of events one has no control over in such a way that changing one's mind is not negative but rather an expression of duty to self. This is one way autonomy that diminishes suffering can be evidenced in the clinical setting.

As conditions I have no control over change around me and affect me, it becomes important that I am able to exhibit change and be flexible enough to reevaluate what duty to self requires. Maybe it requires no change; on the other hand maybe it requires tremendous change on my part. Either way, the key point is flexibility and change in such a way that these are expressions of duty to self. When flexibility is an expression of duty to self it is an expression of competency. When it is an expression of competency it is an expression of informed consent and autonomy. This then is an expression of autonomy that diminishes suffering when the changes causing the reevaluation are changes brought about due to suffering. In this way the suffering does not diminish my autonomy, but rather my autonomy as expressed by my duty to self has

diminished the suffering. The ability to be flexible and to truly be oneself provides an autonomous response to suffering.

Since people are dynamic, "it follows that no satisfactory life plan can be static" according to Meyers. She notes

> that compliance with the principle of responsibility to self is necessary for ongoing autonomy. As such, this principle should be seen as enhancing individuals' ability to fulfill themselves and thus as enriching their lives (Meyers, 1989, 131-132).

It is clear at this point how this is related to the notion of refusal of treatment as well. If one is to remain flexible, with the ability to change one's mind in the face of suffering and uncontrolable circumstances, all as an expression of duty to self and competency, circumstances may dictate a choice of refusal of treatment for one's health. What one may choose to do at this point under the presence and influence of tremendous suffering may be quite different than what one might choose if one were not suffering.

Under the right conditions this change of mind as a duty to self actually becomes an expression of competency. Furthermore, this evidence of competency becomes an expression of one's autonomy. When persons are allowed to express their autonomy by refusing treatment (especially but not necessarily only in cases of terminal and irreversable illness) in light

of extreme suffering, then their autonomy has diminished suffering. This kind of situation was what I developed in the previous section of this chapter concerned with when autonomy diminishes suffering. This was where I discussed attaching a meaning and purpose to the suffering, as well as here by taking control of the suffering to the degree that refusal of treatment will in some way end the suffering.

To take control of one's suffering by bringing it to a closure by way of refusal of treatment is one way of attaching meaning to it. When persons declare their suffering has accomplished all it was intended to accomplish and that it is now time to end it, they are in effect identifying the purpose and recognizing that it has been accomplished. Recognizing that there is no meaning or purpose in the suffering and that it is time to end it by refusal of treatment is likewise a way of acknowledging that there will be no further meaning in the future either. Either way they are expressing how they understand their suffering (even when that means they understand it to have no meaning).

As I discussed in chapter II, there is no intrinsic value in suffering. Whether there may be any instrumental value to be gained from the suffering it is up to the individual and his or her metaphysical views in light of suffering . Whether there was instrumental value that has now been accomplished and completed, or whether there was no value in the suffering whatsoever, the individual decision by the one suffering to

refuse treatment at this point is an expression of competency and autonomy. The sufferer may attach meaning particularly or recognize that the suffering has no meaning. This expression of autonomy diminishes suffering. It may diminish it metaphysically by enhancing the values of freedom, responsibility, and the importance of the individual. Or it may diminish it physically by actually bringing the suffering to a physical end through death. Either way autonomy diminishes suffering. Because I value autonomy and believe suffering ought to be kept to a minimum or eliminated when possible, the preferable relationship is when autonomy diminishes suffering.

In drawing this chapter to a close I will review its contents. I began by exploring why autonomy matters to us so much. My reasons for the importance of autonomy as something of value are its close realtionship to the aspects of freedom, responsibility, and the individual. By way of valuing each of these individually we also value autonomy to a high degree.

In the next two sections of this chapter I demonstrated the close relationship autonomy has to suffering. When suffering diminishes freedom, responsibility, and the individual I demonstrated that suffering diminishes autonomy. When these values of freedom, responsibility, and the individual are nourished, respected, and allowed to be of consequence then autonomy diminishes suffering. I gave evidence of both relationships.

In the last section of this chapter I explored in particular the notions of informed consent and refusal of treatment as key aspects of the presence of autonomy in the practical or clinical encounters with medicine. In these two practical areas I demonstrated how evidence confirms whether suffering diminishes autonomy or autonomy diminishes suffering. I have demonstrated both a theoretical and practical aspect to my argument in examining the relationship between autonomy and suffering. Suffice to say it is an important relationship and one to which we probably do not pay close enough attention.

CHAPTER IV

Suffering and Justice

In this chapter I will begin in the first section with a short examination of what is meant by justice according to some theorists. The theme of justice itself could fill many dissertations, but I will only look at a few key concepts concerning justice as developed by a few leading philosophers. One of the reasons for this section is to point out how diverse philosophical thinking is concerning the topic of justice.

In the second section I will examine the distinction between justice and misfortune. This is actually the key in any discussion about suffering and justice. I will examine two major views, that of H. Tristram Engelhardt and Paul T. Menzel, which give the appearance of being in opposition to each other. I want to show a new way of thinking about this distinction and how both Engelhardt and Menzel fit into that new approach.

In the last section of this chapter I point out how this new approach can affect our thinking about justice and the social responsibility concerning the allocation of health care (or relief of suffering). My aim here is to show how this new approach involving notions of suffering, justice, and misfortune can have a practical impact on health care distribution and administration. In this way then each

section lays a foundation for the next section until it culminates in the practical effect that results from the association between justice and suffering.

The Nature of Justice

In this section of this chapter I seek to explore the nature of justice by looking at what different philosophers have said about justice. What will become evident here and important for the next section is how diverse the thinking really is concerning the topic of justice. Part of the problem with the concept of justice is that its nature is elusive, developing, and on-going according to Albert R. Jonsen and Stephen Toulmin. They point out that

> key social concepts are always likely to be refined and redefined in response to economic and social changes. So today we can no more define the term 'justice' out of Plato's Republic alone than Jeremy Bentham could base his account of the notion on Blackstone's Commentaries alone. Like Bentham's Principles of Morals and Legislation, John Rawls' Theory of Justice [sic] is a document the full meaning of which may be recognized only by paying attention to the context of its publication. Its author presents it as 'the' theory of justice - that is, as a uniquely correct analysis of a concept that is, by implication, timeless and universal - but instead it turns out to be both a

> product of its time and one that gives an account of justice that fits only certain specific kinds of cases. Rather than being timeless, it takes a historically developing concept of 'justice' and extends it to meet the social and political needs of a new age (Jonsen and Toulmin, 1988, 292-293).

This is both good news and bad news. It is good news in that we are constantly trying to understand the concept of justice as something meaningful for us in the time we wish for it to apply. It is bad news, however, in that there is no one standard of justice that has served to apply in all situations and for all times. The notion of justice is somewhat elusive as far as a one time definition is concerned, but the notion of justice as relevant and meaningful for our lives is timeless.

There is ongoing work to be done concerning issues of justice and medicine as it pertains to medical ethics. As issues in medicine and medical ethics are developing in new ways so also is our understanding of how to apply the notion of justice to those issues. It appears then that a brief glance at some of the key contributors in this developing concept of justice is in order.

Aristotle observes that

> by the term justice everybody means that state of character which renders men disposed to act justly, and which causes them to do and to wish what is

> just; and similarly by injustice they mean the disposition that makes men do and wish what is unjust.
>
> Furthermore, for Aristotle,
>
> a man who breaks the law is unjust, and so also is a man who is grasping and unfair; so that obviously a law-abiding man and a man who is fair in business are both of them just. 'Just' therefore denotes both what is lawful and what is fair, and 'unjust' denotes both what is unlawful and what is unfair (Sterba, 1980, 14-15).

Martin Luther King Jr. and others are credited with pointing out how breaking unjust laws may actually create justice. In our democracy we do not assume that all laws are just; they must be examined. The notion of law-abiding is not necessarily a characteristic of justice in our modern society. However, the notion of justice as fairness has continued into our modern concept of justice. We may have difficulty distinguishing fairness at different times or in different situations but to be fair is an integral part of what it means to be just. The two are almost synonomous in everday usage.

Beauchamp and Childress note that in general, "rules and laws are unjust when they make distinctions between classes that are actually similar in relevant respects, or fail to make distinctions between classes that are actually different in relevant respects" (Beauchamp and Childress, 1983, 195).

Bernard Williams, in commenting on Aristotle, explores the idea of injustice as not being affected or moved by considerations of fairness to all. He points out that

> it involves a tendency to act from some motives on which the just person will not act, and indeed to have some motives which the just person will not have at all. Important among the motives to injustice (though they seem rarely to be mentioned) are such things as laziness or frivolity. Someone can make an unfair decision because it is too much trouble, or too boring, to think about what would be fair (Rorty, 1980, 197).

These points are important for medical ethics. Controversy abounds today surrounding issues like assisted suicide in which distinctions between what is legal and what is just are being argued. Again, the notion of law abiding is not necessarily a characteristic of justice in our modern society. When discussing issues like the allocation of health care and levels of health care, however, the notion of justice as fairness seems to be invoked. As issues of justice pertain to suffering, I believe a concept of justice as fairness is important. Fairness as treating suffering patients with equal respect is a kind of notion of justice I bring out in Chapter V concerning suffering patients and physicians.

Immanuel Kant takes the notion of personal justice and applies it to the public arena. In doing so, Kant notes that

> a rightful condition is that relation of men among one another that contains the conditions under which alone everyone is able to enjoy his rights, and the formal condition under which this is possible in accordance with the Idea of a will giving laws for everyone is called public justice.

Furthermore, this is practically accomplished in that

> the moral person that administers justice is a court (forum) and its administration of justice is a judgment (iudicium) (Kant, 1991, 113, 120).

Again, this notion of following the law and whether that counts as justice are related. We are reminded that in our society, there are times when peacefully disobeying the law is more nearly just (the case of some unjust laws). However, Kant seemed to have a certain idea of law in mind. Kant points out how

> the civil state, regarded purely as a lawful state, is based on the following a priori principles: 1. the freedom of every member of society as a human being 2. the equality of each with all the others as a subject 3. the independence of each member of a commonwealth as a citizen (Sterba, 1980, 42).

This ideal might go a long way to eliminate unjust laws and the problem they pose for the concept of justice as law-abiding. The problem is whether our laws are a product of a society that truly respects the equality of each person as a

citizen with a voice in the lawmaking process. In this way Kant seems to have a certain idea of law in mind, law that is the product of a just and ideal state.

There is no doubt that issues surrounding justice in medical ethics are issues for the public arena as well as the private domain. In this chapter I will explore issues of justice and suffering pertaining more to the public arena. In Chapter V I will explore issues of justice and suffering pertaining to both public and private domains concerning the relationship between physicians and suffering patients. Suffering is personal in that it affects individual persons. Suffering is also public in that it affects individuals in community. Suffering as an issue in the clinical setting raises issues of justice on both a personal and public level.

John Stuart Mill moves in the direction of equating justice with rights. Mill points out that whether an

> injustice consists in depriving a person of a possession, or in breaking faith with him, or in treating him worse than he deserves, or worse than other people who have no greater claims - in each case the supposition implies two things: a wrong done, and some assignable person who is wronged.

Moreover, Mill acknowledges that it seems to him

> that this feature in the case - a right in some person, correlative to the moral obligation - constitute the specific difference between justice

> and generosity or beneficence. Justice implies something which it is not only right to do, and wrong not to do, but which some individual person can claim from us as his moral right (Sterba, 1980, 98).

Stanley I. Benn believes Hume, Mill, and others, are aware that questions of justice presuppose conflicts of interest. The result is that "justice presupposes people pressing claims and justifying them by rules or standards. This distinguishes it from charity, benevolence, or generosity. No one can claim alms or gifts as a right" (Sterba, 1980, 26). According to Mill,

> justice is a name for certain classes of moral rules which concern the essentials of human well-being more nearly, and are therefore of more absolute obligation, than any other rules for the guidance of life; and the notion which we have found to be of the essence of the idea of justice - that of a right residing in an individual - implies and testifies to this more binding obligation (Sterba, 1980, 101).

Justice for Mill becomes something one is entitled to and can press for in the name of rights.

> Justice remains the appropriate name for certain social utilities which are vastly more important, and therefore more absolute and imperative, than

> any others are as a class (though not more so than others may be in particular cases); and which, therefore, ought to be, as well as naturally are, guarded by a sentiment, not only different in degree, but also in kind; distinguished from the milder feeling which attaches to the mere idea of promoting human pleasure or convenience at once by the more definite nature of its commands and by the sterner character of its sanctions (Sterba, 1980, 104)

according to Mill. This also is relevant for medical ethics.

No glance at the nature of justice would be complete (although this is not intended to be a complete work on the history of justice as a philosophical issue) without a look at John Rawls. "Justice is the first virtue of social institutions, as truth is of systems of thought" according to Rawls. Rawls goes on to point out that

> each person possesses an inviolability founded on justice that even the welfare of society as a whole cannot override. For this reason justice denies that the loss of freedom for some is made right by a greater good shared by others. It does not allow that the sacrifices imposed on a few are outweighed by the larger sum of advantages enjoyed by many. Therefore in a just society the liberties of equal citizenship are taken as settled; the rights

> secured by justice are not subject to political bargaining or to the calculus of social interest. The only thing that permits us to acquiesce in an erroneous theory is the lack of a better one; analogously, an injustice is tolerable only when it is necessary to avoid an even greater injustice. Being first virtues of human activities, truth and justice are uncompromising (Rawls, 1971, 3-4).

The strength of Rawls' comments is centered around the importance of justice. To be sure, if this notion of justice is something we are going to value of utmost importance, it cannot be something we take lightly or stand ready to compromise away for some other value. I agree with this. Therefore, when later connecting the relevance of justice to suffering it must be remembered that justice is not liable to be bargained away. The one exception I am sympathetic to is the one Rawls mentions here concerning the presence of one injustice to avoid an even greater injustice; but this should be the exception.

Rawls is attempting to be a realist when he points out that

> existing societies are of course seldom well-ordered in this sense, for what is just and unjust is usually in dispute. Men disagree about which principles should define the basic terms of their association.

While this may be the case, Rawls believes that despite this disagreement each side still has a conception of justice.

> That is, they understand the need for, and they are prepared to affirm, a characteristic set of principles for assigning basic rights and duties and for determining what they take to be the proper distribution of the benefits and burdens of social cooperation (Rawls, 1971, 5).

Rawls is very accurate here. The fact that theories on justice are so diverse does not mean they are not without some basis. All theorists have a conception of justice for which they argue. So the reason for such diversity in theories of justice is the diversity of principles behind each conception of justice. The diversity in these principles and conceptions of justice is often because of a diversity in intuitions that serve as a foundation on which the principles are structured.

While many philosophical notions of justice are concerned with either distributive or retributive justice, Paul Ramsey offers another view of justice from a religious perspective. Ramsey points out that the

> biblical notion of justice may be summed up in the principle: To each according to the measure of his real need, not because of anything human reason can discern inherent in the needy, but because his need alone is the measure of God's righteousness toward him. Such justice or righteousness is primarily

> neither 'corrective' nor 'distributive,' as in the Greek view, but 'redemptive,' with special bias in favor of the helpless who can contribute nothing at all and are in fact 'due' nothing (Ramsey, 1980, 14).

Unlike other political notions of justice, biblical justice according to Ramsey does not depend upon a person's stake in the community.

> To the contrary, his stake in the community, the very fact that, although an alien or a forgotten man, he comes in effect to belong or still belongs to the community, this depends on 'justice' being done. Such righteousness does not derive its nature from some already existing proportionate connection individuals have with one another in view of some common good (Ramsey, 1980, 14).

Ramsey views this tradition of redemptive justice as patterned after the prototype of divine justice carried on by Jesus. He sees this justice spilling over into benevolence, "fulfilling the fundamental idea in the religious ethics of the Old Testament yet entirely nullifying the law" (Ramsey, 1980, 14-15).

I include Ramsey's notion of justice at this point to serve as a reminder of how strong metaphysical beliefs about the world are connected to theories of justice. The same can be said about connections between strong metaphysical beliefs

about the world and suffering. I pointed this out in the survey in Chapter II on suffering and values. When exploring the connection between justice and suffering it is important to recall many of the metaphysical arguments from the chapter on autonomy and suffering. Because suffering patients are important as autonomous, novel, and unique human beings the issues of justice and suffering in this chapter and the next will be reflective of such an argument.

In review I have mentioned Aristotle's notion of justice as fairness and personal justice, Kant's notion of justice in the public arena, Mill's notion of justice in relationship to rights, Rawls' notion of justice as important yet diverse, and Ramsey's notion of justice from a religious perspective. So where do all these views take us today? We are still evolving our notion of justice in moral philosophy. Elements of all of these views and others can be seen in modern conceptions of the nature of justice. Jonsen and Toulmin point out that

> if looked at in a longer historical perspective, rules of law and principles of ethics turn out in practice always to have been balanced against counter-weights. The pursuit of Justice has always demanded both law and equity; respect for Morality has always demanded both fairness and discernment (Jonsen and Toulmin, 1988, 10).

James Sterba attempts to understand different conceptions of justice and looks at what five different conceptions of

justice have in common as building blocks for understanding justice. Sterba notes that each of the five conceptions he examines

> regards its requirements as belonging to the domain of obligation rather than to the domain of charity; the conceptions simply disagree about where to draw the line between these two domains. Second, each of these conceptions is concerned to give people what they deserve; the conceptions simply disagree as to what it is that people deserve (Sterba, 1988, 4).

No matter what our particular differences on justice may be, Sterba believes there are still these two major points upon which all conceptions of justice basically agree. Whether Sterba is convincing in his argument that all the different theories of justice have these two major points in agreement is a matter of investigation beyond the scope of this dissertation. I do, however, believe that these two major points are important to the issue of justice, misfortune, and suffering to be explored in the next section.

Finally, all these different contributions to the concept of justice (as well as many others) are important to medical ethics and suffering. Justice, both on a micro and a macro level, is a major theme in contemporary medical ethics. This is brought out nicely by Hans-Martin Sass. Writing in 1983,

he noted that health care had not been a prime issue in political theory and public policy until recently.

> Classical political theory of modern western thought cared about the protection of liberty and security by setting up systems which would prevent the deprivation of life and provide the means for living an enjoyable and free life (property) by systems of law care (law, fine, detention), order care (police), defense care (armed forces), and cost care (I.R.S.). Health, i.e. bodily properties or conditions such as wellbeing, wellfeeling, long life, happy life, pain or no pain, pleasure or no pleasure, were private matters, interrelated with autonomy of the person, providentia Dei or natural fate (Sass, 1983, 381).
>
> The result was that
>
> early death, painful suffering, terminal illness were understood as a memento mori; cultural and moral reactions were mea culpa, feelings of compassion, solidarity, sympathy, not the call for justice, equal rights, or equal distribution. Beneficence rather than justice was the major public virtue. Progress in medical sciences and in equalitarian attitudes towards public issues have increasingly changed the topic with regard to health care from private and beneficent matters to

public issues and those of justice (Sass, 1983, 382).

The purpose of this section of this chapter was to point out some of the diversity in theories of justice that shape our modern views. I have drawn from some leading philosophers as a way of bringing out the diverse and important points concerning the topic of justice as I see them. After a comment about the elusive and changing nature of theories of justice I made reference to Aristotle's connection between justice and the law and justice as fairness. Building on the theme of fairness I included Kant's application of justice to the public arena. From there I went on to include Mill's equating justice with rights and Rawls' argument for the immense importance of justice. Finally, I included a look at Ramsey's religious notion of justice. All of these combined form the key aspects of my theory of justice. When exploring suffering and justice these key elements of justice are: a sense of fairness, an application to the public arena, rights, something of most importance for our lives, and something often connected to human beings most personal metaphysical understanding of reality. These are the key elements of justice as the topic relates to suffering.

Justice, Misfortune, and Suffering

In this section of this chapter I am going to explore the distinction between injustice and misfortune with respect to suffering. I will examine two major viewpoints on the subject

as well as offer an alternative viewpoint which incorporates both of the others. This alternative is the better choice and the more meaningful way of discussing this topic in light of applied justice in matters of suffering. Therefore this section will serve as a foundation for the next section on social justice and suffering.

As an introduction to this section I refer to a quote by Richard Zaner that shows the connection between justice, misfortune, and suffering for the clinical setting. Zaner points out how disease is textured by the prominence of accidental circumstance. According to Zaner,

> 'It could have been otherwise' is a dimension of the person's experience of his embodiment, but so likewise is 'I had no choice' and 'why to me?' In other words, to be a patient is to live with the suffusing sense of the utter chance, hence the injustice, the unfairness, of it all (Zaner, 1988, 297).

Here, Zaner refers to both a sense of injustice and unfairness as well as chance. The issue to be explored is whether there is a distinction between injustice and misfortune. Is misfortune automatically injustice? Is a suffering person merely unfortunate or experiencing injustice? I will look at a couple of views that seem to represent both sides of this argument and explore how they relate to the issue of suffering.

I will begin with a viewpoint representative of the notion that misfortune is not injustice. H. Tristram Engelhardt, Jr. makes a distinction between what he calls the natural lottery and the social lottery.

> Natural lottery is used here to identify changes in individual fortune that are the result of natural forces, not the actions of persons. It is not used to identify the distribution of natural assets. The natural lottery contrasts with the social lottery, which is used here to identify changes in individual fortune that are not the result of natural forces but the actions of persons. The social lottery is not used to identify the distribution of social assets. The natural and social lotteries together determine the distribution of natural and social assets. The social lottery is termed a lottery, though it is the outcome of personal actions, because of the complex interplay of personal choices. They are both aptly termed lotteries because of the unpredictable character of their outcomes, which do not conform to an ideal pattern (Engelhardt, 1986, 339).

Concerning the natural lottery, Engelhardt points out that

> all individuals are exposed to the brutal vicissitudes of nature. Some are born healthy and by chance remain so for a long life, free of disease and major suffering. Others are born with serious congenital or genetic diseases, others contract serious crippling fatal illnesses early in life, and yet others are injured and maimed. These natural forces, insofar as they occur outside of human responsibility, can be termed the natural lottery. They bring individuals to good health or disease through no merit or fault of their own or others (Engelhardt, 1986, 339-340).

This notion of a natural lottery is not the same thing as what he considers a notion of justice. That is to say, this notion of a natural lottery is considered outside the realm of justice. Since what he is discussing here occurs outside of human responsibility, through no merit or fault of one's own, it is therefore not a matter of justice. Rather, it is in this way a part of the natural lottery. According to Engelhardt,

> these tragic outcomes, as the blind deliverances of nature, are acts of God for which no one is responsible (unless, that is, one wishes to impeach divine providence). The fact that individuals are injured by hurricanes, storms, and earthquakes is often simply no one's fault. Since no one is to

> blame, no one can be charged with the responsibility of making those whole who lose the natural lottery on the ground that they are accountable for the harm.

Furthermore,

> it may very well be unfeeling or unsympathetic not to provide such help, but it is another thing to show that one owes others such help in a way that would morally authorize state force to redistribute resources, as one would collect funds owed in a debt. The natural lottery creates inequalities and places individuals at disadvantage without creating a straightforward obligation on the part of others to aid those in need (Englehardt, 1986, 340).

The social lottery, on the other hand, has to do with the actions of persons, therefore involving a notion of justice. The importance of this social lottery for a theory of justice which is concerned with suffering is that

> some will be advantaged, disadvantaged, rich, poor, ill, diseased, deformed, or disabled because of the malevolent actions of others. Such will be unfair circumstances, which just and beneficent states should try to prevent and to rectify through retributive justice and forced restitution (Engelhardt, 1986, 340).

It now becomes a matter of being able to draw a line between what is unfortunate and what is unfair or a concern of justice. According to Engelhardt,

> how one regards the moral significance of the natural and social lotteries and the moral force of private ownership will determine how one draws the line between circumstances that are simply unfortunate and those that are unfortunate and in addition unfair in the sense of constituting a claim on the resources of others. Life in general and health care in particular reveal circumstances of enormous tragedy, suffering, and deprivation. The pains of illness and disease and the despair of deformity call upon the sympathy of all to provide aid and give comfort. Injuries and diseases due to the unconsented - to actions of others are unfair. Injuries and diseases due to the forces of nature are unfortunate.

Furthermore, the problem is compounded because

> unfortunate outcomes of the unfair actions of others are not necessarily society's fault. The horrible injuries that come every night to the emergency rooms of major hospitals may be someone's fault, even if they are not society's. Such outcomes, though unfair with regard to the relationship of the injured with the injurer, may

be simply unfortunate with respect to society (Engelhardt, 1986, 342).

An example of a line drawn concerning this very issue is illustrated by Engelhardt. He points out how Patricia Harris, the former secretary of the Department of Health, Education, and Welfare, drew such a line when

> she ruled that heart transplantations should be considered experimental and therefore not reimbursable through Medicaid. To be in need of a heart transplant and not have the funds available would be an unfortunate circumstance but not unfair (Engelhardt, 1986, 342).

Engelhardt makes a strong and convincing claim for having to draw just such a line when he argues that "the line between the unfair and the unfortunate can be drawn because it is difficult if not impossible to translate all needs into claims against the resources of others." There are a couple of points to his position. For one thing, he points out the difficulty in distinguishing needs from mere desires. The question is then raised,

> Is the request of an individual to have his life extended through a heart transplant at great cost and perhaps only for a few years a desire for an inordinate extension of life, or is it a need to be secure against a premature death?

For "outside a particular view of the good life, needs do not create rights to the services or goods of others" according to Engelhardt (Englehardt, 1986, 342).

The second point in his position is a concern about macro-allocation of resources on a societal level. Engelhardt argues that

> there is a certain impracticality in seeing such circumstances as needs that generate claims. Attempts to restore health could indefinitely deplete societal resources in the pursuit of ever more incremental extensions of life of marginal quality. A relatively limited amount of food and shelter is required to preserve the lives of individuals. But an indefinite amount of resources can be committed to the further preservation of human life (Engelhardt, 1986, 342-343).

A similar view is expressed by Beauchamp and Childress. They note that

> despite our convictions about fair opportunity, there are limits to the goods and services that can be provided for the handicapped. Comparative justice demands a fair share, but not an unreasonable share. One of the major continuing controversies in biomedical ethics centers on what a 'fair share' is (Beauchamp and Childress, 1983, 199).

A little later, after they explore a Rawlsian argument for distribution of health care, they point out that

> on the other hand, as Bernard Williams has correctly pointed out, this process of reducing inequalities introduced by the natural lottery will have to stop somewhere; and, as Tristram Engelhardt has cogently argued, one is likely to call a halt to the demands of justice (at least in the area of health care) where one draws the distinction between the unfair (and therefore obligatory to correct) and the merely unfortunate (Beauchamp and Childress, 1983, 200).

Of course, one can see the importance of this argument concerning a distinction between unfortunate and unjust, for the larger dilemma of a fair distribution and allocation of health care resources in the United States. As Engelhardt himself points out,

> the line between the unfortunate and the unfair justifies certain social and economic inequalities. In particular, it justifies inequalities in the distribution of health care resources that are the result of differences in justly acquired resources and privileges (Engelhardt, 1986, 343).

Engelhardt concludes with a very convincing summation. He points out that

> the health care arts and sciences are undertakings of finite men and women with finite resources, living and practicing their professions under moral limitations that do not allow them to attempt all they would to achieve the good. All human undertakings are characterized by limitation. This is most painfully the case in medicine, which must live with and attempt to comfort, care for, and where possible cure the sufferings of helpless and innocent individuals. The natural and social lotteries, the existence of private entitlements, and the outcomes of free choice, both individually and communally, destine individuals to living lives of unequal scope and fulfillment. Up to a point, it will be proper to attempt to set these inequalities aside. There will be limits on what attempts are morally permissible. These limits will define where inequalities are not inequities, and where unfortunate outcomes are not unfair (Engelhardt, 1986, 344).

Engelhardt, I believe, makes a very convincing argument for a distinction between unfortunate and unfair. The difficulty, of course, is where exactly to draw that line or what will be the methodology whereby we decide where the line is to be drawn. That aside at this point, however, it is still important that this distinction exists, even if we are

not sure practically where it exists. If one accepts Engelhardt's argument, it will speak to the issue of suffering and justice. It will mean that not all suffering is unjust, even though we might argue that all suffering is unfortunate. This, then, might affect what our response to suffering, or different kinds of suffering, will turn out to be.

There are two major points I wish to elaborate on concerning Englehardt's view. The first revolves around the strength of his position. Englehardt is very convincing. In fact, I believe most if not all people intuitively understand exactly what he is describing. Not only would most people understand his view, I believe most people probably would agree with his view. His position is convincing because it is so clear and understandable.

People experience all kinds of accidents and health problems in life either first or second hand. At the same time, people know that not everything that happens to cause suffering can be blamed on someone else. Even in this day of excessive litigation people know what it is to have no one to blame. Some things cause suffering, and how they came to be is unknown. In these instances we cannot blame other individuals, society at large, or even ourselves. When such is the case, it is what Engelhardt would call unfortunate as opposed to unjust. The exception would be if we are willing to blame God. However, as Engelhardt notes this would be difficult and without result or sympathy. Therefore, there is

a real strength in Engelhardt's distinction between misfortune and injustice that is basically understood by everyone.

The second major point I wish to discuss concerns a different way of looking at all this. That is, I believe that Engelhardt's real concern is aimed at how one comes to be in a state of suffering. The emphasis is on what led up to the suffering rather than the suffering condition itself. The events prior to a suffering state are of major importance.

The question then is: Why is this important to us? I can imagine lots of reasons. For one thing it is important from a retributive justice perspective. If someone or society at large does something to someone to cause them to suffer, then that person has a possible legal claim against that other party. In the eyes of the law this seems to be an important distinction.

It could also be that some sort of insurance covers cases in which suffering is brought about by injustice. An example might be injuries due to a hit and run accident or an uninsured motorist accident. In either case there may not be a legal option, but there may be an insurance option based on how someone came to be in a state of suffering.

An employer might be more sympathetic to lost time and productivity at work due to suffering caused by an injustice as opposed to misfortune. Society at large may be more willing to sympathize with the one suffering due to an injustice. There may be more of a sense that someone was

wronged when distinguishing injustice as opposed to misfortune. There may be a kind of strength, a psychological advantage, in having someone or some place to point to and blame for the suffering.

For all these reasons and others, I believe Engelhardt has a strong position. There are different ways we come to be suffering. In certain ways suffering comes to be it seems to be a case of misfortune. In certain other ways suffering comes to be it seems to be a case of injustice. Whether for legal reasons, insurance claim reasons, or just reasons of sympathy, this distinction seems important to us. It is what I call a concern over how one got to be in a state of suffering. "What causes led to the suffering?" is the major concern. Engelhardt's distinction between misfortune and injustice is a distinction concerned with what led up to the state of suffering, with how one got to be suffering.

At this point I wish to examine another argument that comes to different conclusions than Engelhardt's. This is the argument made by Paul T. Menzel in his book, Medical Costs, Moral Choices. Menzel invites us to consider the following.

> Misfortune and tragedy are different from injustice. That the worst-off are severely disabled or suffering is tragic, and commiseration and benevolence ought to be our response; they also ought to be part of the response of those who are seriously but less ill to the most ill. Still,

> moral outrage or resentment on the part of the worst-off that they are the worst-off is out of place. They have no claim on others, especially not on the less ill (Menzel, 1983, 195-196).

Menzel goes on to respond to this considered argument. He begins by asking and answering the question,

> But is moral outrage at natural misfortune out of place? To be sure, outrage at one's initial ill health should not be directed toward people; it is, after all, natural misfortune. Yet why cannot an appropriate kind of outrage be directed at the natural misfortune itself? Why is it not 'cosmically unjust' that some people carry much greater natural burdens in life without compensating benefits and rewards? If it is 'bad' that some person dies a death that is tortuous as well as premature, though no one is responsible - that is, if it would be a 'better' universe should no one have to undergo that - then why can't the same situation be called cosmically 'unjust'? People morally react to the inequalities of burdens in the universe as much as they morally react to the pain and suffering that constitute those burdens (Menzel, 1983, 196).

Menzel makes an argument for a closer connection between misfortune and justice. He argues that

> in using a distinction between misfortune and injustice to try to solve this problem, we are in danger of pulling the moral rug out from under the whole of medicine. Justice in health care is driven by a conviction that the well should help those who are ill through no fault of their own. This conviction is grounded not just in benevolence but also in justice. To be sure, those in need of aid may have no right to be helped. Still, it may be wrong not to help them, and it may be wrong not merely because of the bad we do not alleviate, but also because of the injustice we do not reduce (Menzel, 1983, 196).

Like Engelhardt, Menzel's argument about misfortune and justice would affect the distribution and allocation of health care in the United States. Menzel points out different conditions he believes we want in an ideal health-care system. The problem, he believes, is trying to meet all of them together. One such condition he mentions is to make health care equitably accessible to all, "assuring us that no one is denied timely access to costworthy and necessary health care because of an unwarranted geographical, social, financial, or other barrier" (Menzel, 1983, 17-18). Again, like with Engelhardt, we are left with the difficult task of agreeing on what is "costworthy and necessary health care." There is no easy solution at this point.

Another condition Menzel mentions is to distribute equally the costs of care between the ill and the well.

> The well would help pay a large portion of the costs of care of the ill, and those likely to remain well would share the actuarially higher insurance premiums of those more likely to become ill. Underlying this ideal is a more general principal [sic] of justice as equality: Any person's net welfare over a lifetime should be equal to any other individual's net lifetime welfare. If, of course, a burdensome illness comes about through some equally beneficial or pleasurable but hazardous activity (e.g., smoking), then an ill person has not really been 'disadvantaged' (that is, had his or her overall net welfare lowered). Thus such a person might not have a claim to assistance from the well. More usually, however, illness seems to represent an act of fate which adds burdens that the well do not bear. Then the ill have a just claim against the well, at least to the extent of equally sharing the costs of illness (Menzel, 1983, 18-19).

Menzel has now touched on a topic I will explore a little later in this chapter, that is, the issue of when one willingly contributes to a lifestyle hazardous to one' health.

One can sense a Rawlsian touch to Menzel's argument about justice and health care. Rawls argues that people

> born into different positions have different expectations of life determined, in part, by the political system as well as by economic and social circumstances. In this way the institutions of society favor certain starting places over others. These are especially deep inequalities. Not only are they pervasive, but they affect men's initial chances in life; yet they cannot possibly be justified by an appeal to the notions of merit or desert. It is these inequalities, presumably inevitable in the basic structure of any society, to which the principles of social justice must in the first instance apply (Rawls, 1971, 7).

One of these "social circumstances" for both Rawls and Menzel is one's health and wellness.

A concluding point to Menzel's argument is his notion that "human lotteries clearly are fairer than natural lotteries to which real persons cannot be presumed to consent. They give real, existing persons an equal chance" (Menzel, 1983, 209). Thus his argument for human intervention to establish justice where nature has been unjust; to establish justice where people have unfortunately suffered due to their lack of health.

Menzel is seeking to make an argument for a closer connection between what counts as misfortune and what counts as injustice. That is, he seems to want to reevaluate and consider those conditions often labeled as examples of misfortune from the perspective of a cosmic sense of justice. Engelhardt distinguished between what is unfortunate and what is unfair by way of a natural and social lottery, and went even further to point out how some unfair actions of others are not necessarily society's fault. In this way, what is unfair may even become unfortunate on a societal level. Menzel, I believe, wants to argue for less of a gulf between misfortune and injustice.

Menzel makes a distinction between human lotteries and natural lotteries. Human lotteries are where humans can have input into doing something about the health problem. Natural lotteries are where nature affects a result without human consultation (born with a disease, natural disasters, etc.). Menzel believes these natural lotteries are not fair, as well as being unfortunate, in how they strike people. However, he does believe human lotteries can be fairer because they involve human aid and reaction to unfortunate circumstances.

There are two major points I wish to elaborate on concerning Menzel's argument at this point. The first revolves around the strength of his argument. Menzel is very convincing also. In fact, I believe many people intuitively understand exactly what he is describing as well.

People experience all kinds of other people that have encountered accidents or health problems in their lives and are now suffering as a result of such. At the same time people reach out to those suffering regardless of whether the suffering results from injustice or misfortune (as Engelhardt would suggest we distinguish). Menzel is exactly right that to make this distinction in whether we seek to help those suffering or not would pull the moral rug out from under medicine. This point will be discussed and developed more in the last section of this chapter, but for now it is important to see the strength in this viewpoint.

The second major point I wish to discuss concerns my earlier point about a different way of looking at all this. While I believe Engelhardt's concern is aimed at how one came to be in the state of suffering, Menzel's concern is what our reaction will be to one who is now already in a state of suffering. Engelhardt is concerned with the events prior to a suffering state while Menzel is concerned with the events after it has been established one is in fact suffering.

The question again becomes one of why this is important to us, and again I can imagine lots of reasons. For one thing, the distinction between misfortune and injustice is not completely clear; and it certainly is not scientific. To a high degree it involves opinions, prejudices, personal viewpoints, and life experiences that vary from one person to another. This is not a purely scientific distinction.

Furthermore, if this distinction determines what my treatment will be in my suffering state, and if decisions about me depend to a high degree on a diverse and value laden methodology, one can easily agree with Menzel that the moral rug is pulled out from under medicine. Treatment now is based neither on my suffering condition nor on how I came to be in this suffering condition. Rather, treatment is now based on how someone else perceives my suffering condition to have come about. Clearly this practice is unacceptable in medicine for reasons that will be discussed in more detail in the next section. For now it is enough to point out that Menzel is concerned about this result.

Another reason all this is important to us is connected to Menzel's idea of a cosmic injustice. I see this as an injustice that we claim, but no one individual or collective group of individuals can be pointed to and charged with the injustice. That does not prevent our use of the term unjust as opposed to the term misfortune. Perhaps we use this very term so we will not alter our response to the person who is suffering but who has no clear party to blame for his or her suffering. If we referred to it as misfortune, this seems to relieve us of a responsibility or response. Because we believe we ought to respond from a sense of justice and there is no individual to blame, we refer to it as cosmic injustice. I would want others to respond to me in my suffering, even if I could not blame any particular source for the suffering.

The importance of my argument at this point will be brought out by illustrations both in the last section of this chapter as well as in the last chapter concerning physicians and suffering patients. My concern goes back to Menzel's concern that we not pull the moral rug out from under medicine. My claim will be that there are good reasons to respond to suffering patients with the motivation of being just even though there may not be clear and precise persons to blame for an injustice. To make it an issue of justice is to take it seriously and respond seriously concerning patients who are suffering. My concern, like possibly Menzel's, is that if suffering patients are considered to be suffering due to reasons of misfortune rather than an injustice, there may not be a strong enough justification to properly respond and care for suffering patients.

For all these reasons and others I believe Menzel has a strong position also. Menzel's strength is that he is concerned not with how one came to be suffering or how one got to be in a state of suffering, but rather the fact one now is in a state of suffering and this elicits a response from us. Menzel's concern is over what our response to suffering will be, not over how one came to be suffering. Menzel is concerned with what to do now that one is suffering. If there is no good and clear and accurate distinction between injustice and misfortune as ways one came to be suffering, then it seems our response ought not to be predicated on that

distinction. Either way, one is now suffering. The concern for Menzel is what our response will be once the existence of suffering is established.

The key then to this whole section is our understanding of Engelhardt and Menzel. Engelhardt can best be understood as having a concern over how one got to be in a state of suffering. Justice is concerned with the events leading up to and causing the suffering. On the other hand, Menzel can best be understood as having a concern over what to do once it is established one is suffering. Points leading up to the suffering are not unimportant, but they are not important in the same way they are to Engelhardt. Justice then is not based on what took place prior to suffering. Justice is what takes place once the existence of suffering is established for Menzel.

This explains my claim that both these views can be understood intuitively and clearly by most individuals. It also explains why I believe they both are strong and convincing arguments. When this distinction is made between "how one got to suffering" and "now that one is suffering" I believe both Engelhardt and Menzel make a tremendous contribution to the issues of justice, misfortune, and suffering. In this last section of this chapter I will expand on this way of viewing Engelhardt and Menzel as it has practical relevance to social justice and suffering.

Social Justice and Suffering

By way of a review of this chapter it is important to see the connections between the different sections. I began in the first section with a short survey of the various conceptions of justice. In the second section I explored the distinction between injustice and misfortune with respect to suffering by looking at both Engelhardt and Menzel. Introducing a new way of looking at this distinction was the purpose in the second section. Now in the third section I wish to show how this new way of looking at the distinction is a model that is applicable to issues of social justice and suffering (or allocation of health care). Each of the previous sections built on each other and laid a groundwork whereby I can now discuss the applied aspect, or what one may think of as the way in which all of this makes a difference in the end.

When discussing the issue of suffering (as related to issues of medicine and health care) and social justice, the discussion concerns itself with the allocation of health care in the country. In a sense, then, I am referring to social justice as a societal response to act justly in the face of suffering due to illness and disease. One way of exploring a societal response to suffering like that is through the distribution of health care. I will begin in this section by laying out some of the important aspects concerning the distribution of health care. In this way it will be clear

what I see as the key concerns for this topic. With this issue developed I will return to the distinction between Engelhardt's and Menzel's views and how that is applicable to notions of social justice and suffering.

Norman Daniels points out that the macro level of decision making concerning the allocation of health care involves "the scope and design of basic health care institutions. Most visible among these institutions is the complex system for delivering and financing the personal medical services that comprise acute care (VanDeVeer and Regan, 1987, 290).

Daniels goes on to state that

> macro decisions determine (1) what kinds of health care services will exist in a society, (2) who will get them and on what basis, (3) who will deliver them, and (4) how the burdens of financing them will be distributed. These decisions affect the level and distribution of the risks of our getting sick, the likelihood of our being cured, and the degree to which others will help us when we become impaired or dysfunctional. Because these macro decisions critically affect the level and distribution of our well-being, they involve issues of social justice (VanDeVeer and Regan, 1987, 291).

Engelhardt makes mention of four goals of a health care system:

1. The provision of the best possible care for all 2. The provision of equal care for all 3. Freedom of choice on the part of health care provider and consumer 4. Containment of health care costs.

He goes on to argue that

> one's view of justice in health care will determine what system of delivery of health care will be acceptable. One's understanding of justice will indicate how one is to strike a balance among the four goals of a health care system (Engelhardt, 1986, 354).

Both Daniels and Engelhardt point out some of the key points to be considered when discussing goals of a health care system as pertaining to the allocation of resources. Issues such as what resources are available, to whom are they available, and at what cost are they available are the major issues.

Writing about justice in general some years ago, John Stuart Mill anticipated the heart of the current discussion concerning the allocation of health care. Mill wrote:

> Who shall decide between these appeals to conflicting principles of justice? Justice has in this case two sides to it, which it is impossible to bring into harmony, and the two disputants have chosen opposite sides; the one looks to what it is just that the individual should receive, the other

> to what it is just that the community should give. Each, from his own point of view, is unanswerable; and any choice between them, on grounds of justice, must be perfectly arbitrary (Sterba, 1980, 100).

Of course, Mill has the answer when he points out that "social utility alone can decide the preference" (Sterba, 1980, 100). Whether one agrees with Mill's answer or not, he clearly stated the issue of justice for us today concerning the allocation of health care.

When discussing theories of social justice and the macro allocation of health care, the issue of resources that are limited in some way must also be part of the discussion. According to Erich H. Loewy,

> dealing with the notion of limits is crucial if we are to deal with a beneficent community truly concerned about the suffering of its members. I have argued previously that meeting the basic needs of their individual members is an obligation of beneficent communities. Meeting basic needs is done so that suffering can be minimized. If resources were truly unlimited and freely available no suffering caused by a lack of available resources would exist. If, however, we accept the notion that limits are fixed, attempting to extend them is either foolish because such limits

constitute a given of nature or not allowable by our social rules (Loewy, 1991, 106).

In trying to design a socially just health care system we must face the issue of limited resources. Another distribution issue to be faced, however, is in what sense is primary care to be considered a right in our society? According to Edmund D. Pellegrino and David C. Thomasma, "though a relative right, primary care becomes something of a moral imperative in our times and in our society." They point out that

> we claim to be a civilized society, one which, among other things, is sensitive to the fullest expression of each person's humanity. We also claim to be a democratic society, one which promises equity of access to at least the minimum of things essential to a humane existence. That we do not deliver fully on the expectations we generate, either in housing, jobs, nutrition, or health care, does not excuse us from the obligations we incur by virtue of our declarations. As a society we profess to be civilized, democratic, and humane; this is enough to raise reasonable expectations, and is constantly a promise and an obligation we must fulfill if at all possible (Pellegrino and Thomasma, 1981, 238).

Their conclusion is that

> the crucial question, then, in the social ethics of primary care is not whether it is an absolute human right. Rather, we must ask ourselves whether in a professedly democratic, affluent society with an abundance of available medical resources, we can allow so fundamental and universal a human need to go unfulfilled. Primary care, within the explicit framework of the here and now of our society, can be considered a relative human right, and a very real and pressing one. In other cultures and other times, it might very well not be regarded as such (Pellegrino and Thomasma, 1981, 239).

I believe they offer a strong alternative to a rights argument. While they argue for making primary care a moral imperative, they do so without getting bogged down in the problematic claim that health care is a fundamental right. They point out how

> looked at in this way, primary care has more of the quality of an obligation incurred by all of us by our mutual declaration of the kind of society we profess to be than a strict legal right in the Lockean sense (Pellegrino and Thomasma, 1981, 239).

In this preceding introduction to the topic of social justice and suffering I touched on some of the major concerns of the distribution of health care on a societal level. When discussing the issue of suffering (as related to issues of

medicine and health care) and social justice, the discussion concerns itself with the allocation of health care in the country. Since I am referring to social justice as a societal response to act justly in the face of suffering due to illness and disease, one way of exploring this is through the distribution of health care. Therefore, this preceding introduction was a foundation for the heart of this section to now be discussed.

I wish now to explore how the distinction between Engelhardt and Menzel covered in the last section is applicable to notions of social justice and suffering. In other words, what practical difference is there in making the distinction between "how one got to suffering" and "now that one is suffering"? My argument is that there is a great deal of difference and that it has implications for the practice of medicine and social justice as the allocation of medical care (and alleviation of suffering). This is the point I will now discuss in more detail.

In making a distinction between the views of Engelhardt and Menzel, I argued that Engelhardt's approach and concern was more closely related to the concern about "how one got to be suffering". Matters of justice are related to what caused the suffering. On the other hand, I argued that Menzel's approach and concern was more similar to the concern about what to do "now that one is suffering". Matters of justice are related to what we will now do once it has been

established someone is suffering. Which approach or distinction is better for a social policy concerned with justice and issues of the allocation of health care resources? I believe Menzel's approach is better on the macro level concerning issues of social justice. My argument is a lengthy one that I will discuss and develop at this point.

I begin my argument with a first point that is more like a presupposition. I believe human beings have worth and constitute intrinsic values. Much of the basis for this is based on my own religious and metaphysical viewpoint; and, without going into all of the reasons, suffice it to say, one major reason is the uniqueness of each individual. Much of what I mean by this was discussed in the last chapter on autonomy. The uniqueness of each individual means there is only one "me" at only one place and point in time and space (rejecting a notion of reincarnation).

As a result of this notion I believe each human being is due an immense degree of respect. One of the greatest signs of respect is to have one's autonomy respected. It is often by way of respect for autonomy that we practically convey the message that we respect persons as individuals. So when I argued in the last chapter for a high degree of respect for autonomy and the opportunity for individuals to express their autonomy except in extreme cases, I meant this as one major way in which we respect the person. Notions of personhood and uniqueness of the individual that I discussed in the last

chapter are what it means to say human beings are worthwhile and have intrinsic value.

My second point is that the line between misfortune and injustice as Engelhardt talks about it is not always clear and precise. In fact, I would argue it is more than often quite fuzzy in actuality. His distinction sounds good, but making it is far from an exact science in practice. It seems that to draw this line we must depend to a large degree on our feelings and attitudes, and they may in fact deceive us in matters of what we believe we observe. Of course, some philosophers argue that this distinction can be based on beliefs and empirical information rather than feelings and attitudes. The problem with this concerns how beliefs are formed and what empirical information counts as important. Either way, there is plenty of room for public debate and discussion.

It appears that where one draws the line between injustice and misfortune is somewhat arbitrary. Even though we may agree there is a distinction in theory, the difficulty is in deciding where that line is drawn. Matters of social justice and allocation of health care would force us to draw just a line. I do not believe there is a successful methodology for doing so that does not run the risk of being arbitrary and even unjust in the process. The best way for me to point this out is with a rather lengthy illustration.

One way in which many people today view the relationship between justice and misfortune in health care has to do with the responsibility one must bear for any misfortune in health brought about by one's own personal lifestyle. In other words, if I contributed to my misfortune by my chosen lifestyle, then I am not entitled to claim injustice has taken place. Rather, this may actually be justice in the sense I am reaping what I sowed. On the other hand, if I took precautions and lived a relatively healthy lifestyle only to still suffer misfortune in my health, then this may actually be an example of injustice. What I am entitled to, then, by way of health care provision paid for by the state or insurance, may come down to whether I am personally responsible for my ill health by virtue of lifestyle.

Of course, the questions this raises are limitless. These questions arise in light of smoking habits, drinking habits, eating habits, exercise habits, sexual activity habits, work related habits and choice of profession, and so on. Questions even related to where one chooses to live geographically become relevant in this approach. Indeed, it seems all of life and life's choices might be scrutinized under this approach. Yet it still seems somewhat appealing to me to include individuals themselves in some way responsible for their own health. Justice does not seem to just be an issue of what nature did to me while somehow excluding totally what I may have willingly chosen to do to myself.

The difficulties in all of this are of course tremendous from a methodological viewpoint. I have far more questions than answers. For example, what role do addictions (in food, drink, tobacco, drugs, sex) play in determining what was my own personal choice in something? What role does genetic predisposition to some disease play in all this? What role does family background and environment (before I was old enough and mature enough to be my own autonomous agent) play in all this? What role does my religious background play in all this? The questions go on and on, and yet I keep being drawn back to the simple (and yet difficult to calculate) notion of justice as reaping what I sowed. Trying to determine ways in which people contributed to their own suffering may be difficult for drawing lines and making distinctions for issues of justice. In particular, an attempt to refine the natural/social lottery distinction might be helpful but seems to be just as difficult to accomplish.

Beauchamp and Childress add an interesting thought to this subject as well. They point out that

> any policy focusing on individual lifestyles and behavioral patterns may be criticized on the grounds that it tends to neglect the social context of individual actions. It tends to 'blame victims,' rather than to 'blame society.' If this criticism is taken too far, it can deny all individual responsibility for risk-taking, a denial

> that is indefensible. Nevertheless, one central question of justice is whether to concentrate on the 'natural lottery,' societal practices, or individual conduct in trying to locate the source of health problems. Where one looks will presuppose not only a conception of health needs, but also a conception of the relation of the individual and society, and a conception of individual responsibility for conduct - all central matters of justice (Beauchamp and Childress, 1983, 209).

A summary of my second point is that the line between misfortune and injustice as Engelhardt talks about it is not always clear and precise. The point that it is so arbitrary is important to this discussion of social justice and suffering.

My third point in support of Menzel's approach as opposed to Engelhardt's is closely related to the second. When our choices are between two possibilities that are both less than precise, we should take the clearest choice available. It is not clear at all where to draw the line between misfortune and injustice on Engelhardt's approach. It is a bit clearer, however, on Menzel's approach because it merely requires that we establish that suffering exists in a particular instance or case. While this also may not be an exact science, I believe

it is much more precise than the distinction between misfortune and injustice, as previously argued.

It is true that our observations and perceptions on who is suffering are not perfect. Even more perception on our part is required (and therefore a greater chance of being wrong) not only to determine who is suffering, as on Menzel's approach, but also to determine how they came to be suffering, as on Engelhardt's approach. Simple logic seems to dictate that since less is required of our perceptions for Menzel's approach there is less opportunity of being wrong or less degree of a possible injustice due to our faulty perceptions. This is another reason then to prefer Menzel's approach if justice is our concern.

My fourth point concerns our obligations. Choosing Menzel's approach concerning "now that one is suffering" over Engelhardt's approach concerning "how one got to be suffering" does not seem to obligate one or society to do absolutely everything possible in the way of technology or medical procedures for the one suffering. The wisest course of action may still be to provide palliative care and forego much in the way of exotic or extrodinary medical intervention in any particular case. Choosing Menzel's approach does not seem to obligate society to do everything medically possible. Nor does it seem to obligate us to talk of health care as a right to which one is entilted.

Menzel's approach suggests that no one should be treated any worse or less justly because of misfortune as opposed to injustice. This, however, is not the same thing as an obligation to provide everything. This is more about dignity and respect for the individual in matters of the relief of and care for one suffering rather than about being entitled to every possible procedure imaginable.

Dignity and respect for the individual that is suffering may involve, in fact, not doing everything possible out of respect for the individual's autonomy and wishes. Dignity and respect for individuals that are suffering may involve treating like suffering patients in like ways. In other words, policies that limit how much should be done for suffering patients do not necessarily violate any theory of justice as long as like patients are treated in a like manner. Furthermore, treating everyone "now that one is suffering" requires no claim of right to be treated. All that is needed is a confirmation that one is suffering, not an affirmation of some right on the part of the one suffering as well. I believe it is safe then to prefer Menzel's approach without the worry that it obligates us to rights language or to absurd allocations of everything imaginable in all instances.

These are my four points concerning a preference for Menzel's approach over that of Engelhardt. In matters of justice as it pertains to those that are suffering, I believe Menzel's approach is preferred over Engelhardt's.

Engelhardt's distinction between misfortune and injustice may strike an intuitive cord, but the problems that arise when trying to implement it make it less desirable. Menzel's talk about misfortune and injustice also strikes an intuitive cord because he is not concerned with how the suffering came about. Our intuitions lead us to help those who are suffering and not get too bogged down in how they came to be suffering as a prerequisite for help. I believe that we realize intuitively just how fuzzy and imprecise that distinction often is in reality. Since we can each imagine and intuit our own suffering, we do not want the basis of help extended to us to rest on such a difficult distinction.

With the argument for Menzel's approach over Engelhardt's behind me, I wish to now point out how I believe Menzel's approach would address social justice and suffering on both a macro level and a micro level. First, for the macro level.

One possible approach to health care distribution and social justice compatable with Menzel's (as well as Engelhardt's for that matter) is to concentrate on prevention to a higher degree and not just crisis care. "Prevention, which has been defended in some literature as the best way to improve the nation's health, includes strengthening individuals (e.g., through vaccinations), changing lifestyles and behavioral patterns, and altering the environment." However, "effective and efficient preventive programs, especially those concentrating on lifestyles and behavioral

patterns, soon encounter the limits set by the principle of autonomy" (Beauchamp and Childress, 1983, 207).

Nonetheless, there seems to be a sound logic in emphasizing prevention to a greater degree. The assumption is that changes earlier in life can alter and reduce suffering in specific areas of later life. The fields of medicine, insurance, and government all seem interested in prevention, and my guess is that this will be a major aspect to health care distribution in the 1990's. To the degree that part of what is being prevented is human suffering, and the thrust is from a societal response to health care distribution, this is an issue relating suffering and justice.

Now for an example on the micro level. An approach to health care distribution and social justice compatible with Menzel's approach is to take a closer look at what it means for the health care professions (physicians, nurses, hospital administrators, and others) to be identified as a service that involves certain societal obligations. Kenneth L. Vaux touches on this in his book Birth Ethics. He comments that "'Service,' said the black preacher, 'is the rent we pay for our time here on earth.'" He goes on to state that "of the historic values which enrich the human community, none is more powerful than service and generosity. Altruism and concern for others is a transformative force throughout history" (Vaux, 1989, 126).

Richard M. Zaner touches on this topic as well. He points out that

> the phrase 'good fortune obligates' was coined by Spiegelberg to express what Albert Schweitzer had called his 'other thought' about ethics - that is, other than his profound and sweeping reverence for life (Spiegelberg, 1975). This 'thought' is that, having been born into a well-situated and loving family, 'I must not accept this good fortune as a matter of course but had to give something in return' (in ibid., p. 228). This led to Schweitzer's decision to become a missionary physician. Much later in life, Schweitzer stressed again that none of us should take for granted 'his own advantages over others in health, talents, in ability, in success, in a happy childhood and congenial home conditions' (ibid., p. 228 n6). These 'good fortunes' carry a 'special responsibility' for other, less fortunate people" (Zaner, 1988, 303).

This whole notion of service and obligation requires a closer look I believe. As Pellegrino and Thomasma point out, there are many expectations we have of medicine and the health care professions and these expectations are

> further enhanced by the enormous expenditures of both public and private funds for health care

> services and institutions, as well as the education of health professionals. The health professions justify public support by declaring that they act in the public interest. So do the bureaucrats, the insurers, and even the proprietary institutions - though they admit to doing so for a profit. The whole health care establishment implies that it is offering a human good. These declarations engender the expectation that the consumer's notions of the basic needs pertinent to that good will be given high priority (Pellegrino and Thomasma, 1981, 238).

Our notions of the health care establishment as a service with certain obligations seems connected to our notions of suffering and social justice by way of an allocation of that health care.

In illustrating some of the difficulty that is involved in determining what justice requires, James M. Gustafson refers to an example between parents and children. He states that

> justice requires that each individual receives his or her own due, and not simply as a member of a class; each child is different. To apply the principle, however, is by no means easy, nor will its application necessarily satisfy all members of the family. Suppose, for example, that a particular child has a talent that can be developed

> only by giving her unequal attention and an unequal share of the family's common resources. Justice seems to require preferential treatment not for the least but for the most advantaged. To do so, however, might deprive another child of the resources to realize his lesser or other potentialities. Should equal regard for each child, or love of each child, warrant preferential or discriminatory treatment? Should parents take into account not only differences in capacities but also the prospective differences in the benefits that each child might contribute to others and to the human community? Surely the principle of distributive justice has to be exercised through the virtue of equity, through the discerning and discriminating judgment required by individual cases (Gustafson, 1984, 171).

This same problem and others seem to surface when exploring the issues of suffering and social justice on the micro level.

Clearly I have gone into more detail concerning the application of Menzel's approach on the micro level as opposed to the macro level. In some part this is because in the last chapter I will concentrate on the relationship between health care professionals and those that are suffering. However, another reason for this concerted effort on the micro level is

because this is where I ultimately believe it must be practiced to make a difference.

If autonomy is to be valued because individuals are to be valued, and if autonomy ought to be valued even in the midst of suffering, then it is on the micro or personal level that this is accomplished. What I am most concerned with then is how our social policy (or what we claim as a society) might affect the individual practice of health care professionals. What society claims about matters of justice and suffering are implemented in the most intimate and meaningful way on the micro level in the encounter between the health care professional and the one suffering.

Because suffering is concerned with pain, personhood, and values (as I discussed in Chapter II) it is on the micro level that justice is practiced in the most intimate way as it concerns suffering. Attempting to allow individuals that are suffering to have a say in the alleviation of their pain, to develop their own notion of personhood in the midst of their suffering, and to attach and find their own values in the midst of their suffering are examples of what I mean. To provide opportunities for healing to take place is also a part of what I mean here and will discuss further in Chapter V.

I am not claiming that the issue of justice on a macro level is unimportant to the concern of suffering patients. Decisions made on the macro level certainly impact the particular practice of medicine on the micro level. However,

providing an opportunity for healing to occur comes down to the intimate relationship between the physician and a suffering patient. The practice of justice on the micro level in this most intimate way as it concerns suffering will be the crux of Chapter V.

Suffering is very personal, even in instances of corporate or community suffering, and in what individuals do with it. The distinction between "how one got to be suffering" and "now that one is suffering" is a valid distinction. Furthermore, the choice of the latter over the former as an approach to suffering as it concerns justice is preferable. On a micro level what one needs once one <u>is</u> suffering is to be able to make sense of it and give life meaning and direction in the midst of it. What one does <u>not</u> need is an evaluation of whether that suffering is based on a distinction between misfortune and injustice which no one seems able to make. That may be relevant in matters of prevention, but it seems fruitless once it is established that suffering exists in any particular case.

Health care professionals are no more able to make Engelhardt's distinction between misfortune and injustice for reasons already discussed than can society as a whole. However, health care professionals can help those individuals suffering to find purpose and meaning once they are suffering. They can do this by way of respecting and showing dignity for these individuals. Furthermore, if a goal is to help nourish

that autonomy which diminishes suffering, then the way to accomplish this is by allowing the individual that is suffering the greatest opportunity to let that autonomy be exercised. This is justice on the micro level.

While it is intimately personal and individual it may often not be easy because often the suffering may result from a practice the health care professional finds distasteful, ignorant, or immoral. This is all the more reason, I believe, that Menzel's approach is preferable to Engelhardt's. Justice seems to require such on the micro level. Consider at least four possible expressions of injustice on the micro level that could result in being more concerned over "how one came to be suffering" as opposed to concern "now that one is suffering."

First of all, judgement about how one came to be suffering could create an atmosphere not conducive to patient autonomy. When more emphasis is put on how one came to be suffering than the fact that one is suffering, the emphasis may create guilt or depression. Guilt and depression could diminish one's ability to exercise autonomy. Reasons for suffering due to lifestyle or dangerous activities or even moral choices may be relevant as part of a discussion about prevention. They may even be part of a valid discussion after one is suffering if they help to establish a sense of responsibility that leads to autonomy, but when they only produce an atmosphere that destroys autonomy they do not achieve justice.

Secondly, judgement about how one came to be suffering could lead to a less than effective ability to care for the individual on the part of the health care professional. This could be demonstrated both attitudinally and physically. When the health care professional puts more emphasis on how the suffering occurred rather than treatment once suffering exists, especially where it is believed the suffering is due to something the health care professional finds immoral, this could affect his or her attitude toward treatment of the patient.

Once such an attitude is effected, this could affect how they physically treat the suffering patient. It could affect visiting practices, treatment practices, and even relief of pain practices on the part of the health care professional. Certainly these are not desirable practices if we expect justice on the micro level.

Should health care professionals take on patients suffering as a result of something they find immoral? I think there must be room for physicians and nurses to refuse to treat in certain situations where other professional help is available. There have been numerous examples of physicians and nurses that refused to participate in elective abortions for non health related reasons. This was not considered a violation of any code of ethics as long as other avenues were available to the patient. Another example has to do with physicians who refused to treat patients for ill health

related to smoking while the patient continued the practice of smoking tobacco. Again, this was not considered a violation of any code of ethics as long as these patients had another access to medical care in their community.

At the same time, treating someone suffering due to a reason the physician finds immoral does not obligate the physician in any way to validate that reason. What is validated is caring for an individual who is worthwhile and is suffering, not the cause of the suffering. Justice may require keeping this distinction clear on the micro level while injustice may result from mixing them together.

Thirdly, judgment about how one came to be suffering could lead to a kind of warfare between the care and treatment of people suffering with one disease (perceived to be brought on by themselves) and those suffering with another disease (perceived to be "innocent" in the presence of their disease). This could lead to putting one case of suffering over another or to a discussion of those suffering innocently as opposed to those suffering from what they deserve.

This is similar to the earlier example except now it affects how health care professionals rank their patients in matters of importance centered more on causes of suffering rather than the state of suffering, or perhaps how a hospital ranks its patients in matters of importance by the same method, or perhaps how a hospital or clinic administers funds

based on the importance of patients suffering from one disease as opposed to another due to the cause of suffering.

I am not thinking of those instances where choices are made to specialize. Rather I am thinking of those instances where care and treatment is already provided to patients of both examples and yet one category is treated preferably based on how the suffering came about. Some say this already exists on the macro level when discussing the allocation of funds for research projects. My emphasis here is on more of a micro level.

Fourthly, judgment about how one came to be suffering could lead to an overall callous attitude toward <u>all</u> that are suffering rather than a more caring attitude toward those suffering. To put more emphasis on how one came to be suffering is to require the health care professional to make difficult if not impossible decisions. As I discussed earlier this is far from an exact science. Where the line is drawn between misfortune and injustice is fuzzy at best. Rather than concentrating on care and treatment of the patient that is suffering, this emphasis requires the health care professional to spend an enormous amount of energy, effort, and time on a procedure that is difficult, complex, and imprecise at the very best and impossible at the worst.

When considering these four possible expressions of injustice on the micro level that could result in being more concerned over "how one came to be suffering" as opposed to

concern "now that one is suffering," I am not suggesting Engelhardt thinks in any way we should do this as an implication of his view. That is not the point. The point, however, is to explore logical extractions or possibilities of any viewpoint. These are logical possibilities or concerns I have heard expressed by both patients and health care professionals when I was a chaplain. Therefore, I am suggesting they are worthwhile concerns to be explored that could result in making a distinction between "how one came to be suffering" as opposed to "now that one is suffering."

The result of all this misplaced effort would not lead to justice but rather injustice. It seems that human nature is such that we are inclined to take the easier route when more than one choice is present. In this case the easier route is to lump all suffering patients in the same negative category since they all can not be lumped in a positive category. Time and expertise dictate the improbability of making distinctions between categories. This may lead to an attitude of not caring much about <u>any</u> patients that are suffering rather than attempt the impossible job of distinguishing those suffering from misfortune and those suffering from injustice. My suggestion is to lump them all together as suffering and take Menzel's approach of concern "now that one is suffering". Otherwise, an attempt to distinguish "how one came to be suffering" may prove so problematic that all patients are all lumped together negatively rather than positively.

These four possible expressions of injustice on the micro level could result in being more concerned over "how one came to be suffering" as opposed to concern "now that one is suffering." As a way of understanding Engelhardt's and Menzel's views on misfortune and injustice I believe this distinction is a valid one. Furthermore, I believe Menzel's view is preferable for matters of social justice and those of suffering, whether it be on the macro level or on the micro level, as I illustrated.

In closing this section of this chapter, it seems appropriate to acknowledge some thoughts that David C. Thomasma wrote in the Foreword of Erich Loewy's book. He points out that

> physicians must engage in practical justice, righting imbalanced relationships, aiming to return bodies, persons, the profession, their own consciences, and societies to their rightful places. Such efforts are at the core of the discipline. Perhaps that is why many physicians and children of physicians have contributed so much to our conceptions of society and to theories of justice. Justice can only prevail when the proper climate of respect and tolerance can be nurtured and established. Right relationships take place when mutually respectful dialogue occurs, when both individuality and communality in human nature and

> in human society is affirmed. Physicians, familiar with the practical and the theoretical features of these concerns, are strategically placed to render conceptual help to the rest of us (Loewy, 1991, ix).

It is in the last chapter that I will now explore in more detail some features of this relationship between suffering patients and the health care professionals.

In this chapter I explored what is meant by justice according to some theorists and ways in which theories of justice relate to medical ethics and suffering. In the second section I examined the distinction between justice and misfortune. By assessing the views of Engelhardt and Menzel I pointed out a new way of thinking about this distinction between justice and misfortune. In the last section of this chapter I pointed out how this can affect our thinking about justice and the social responsibility concerning the allocation of health care (or relief of suffering). Each of these sections combined to form a foundation for a discussion of how justice and suffering are related. Furthermore, I built on this foundation to show specific ways in which this all makes a practical difference in society and medicine. These ways in which a difference is evident are the important issues concerning the relationship between justice and suffering.

CHAPTER V

Suffering and the Health Care Professional

In this chapter I am concerned with the relationship between one who is suffering and health care professionals. There are many kinds of health care professionals, all with their own unique relationships to those who suffer. This chapter will only address some features of one type of relationship, that between a patient who is suffering and that person's physician. Relationships between patients who are suffering and nurses, pharmacists, physical therapists, chaplains, social workers, and other health care professionals are all important and have a unique ethical relevance. However, this dissertation chapter will concentrate solely on relationships with physicians.

In exploring the relationship between physicians and suffering patients, I am extending the title of physicians to all medical doctors. I realize that physicians in certain fields of medicine may have more encounters with suffering patients than in other fields of medicine. I also realize that physicians in certain fields of medicine have more personal patient contact (family practice) than in other fields of medicine (radiology). These, as well as other considerations, may determine how often a physician has a relationship with a suffering patient, but it does not change

the relationship itself. In this chapter I am referring to the relationship between physicians and suffering patients whenever it may present itself.

The two major themes I will explore in this relationship between physicians and patients who are suffering are responsibility and communication. One is reminded by Eric J. Cassell that "Suffering must inevitably involve the person - bodies do not suffer, persons suffer" (Cassell, 1991, vii). While this may be obvious it does not mean that it is not neglected. The literature of the last couple of years suggests this is a topic with renewed interest. My impression is that this renewed interest is sparked by a neglect of the obvious. Cassell might agree since he notes that "the central assumptions on which twentieth-century medicine is founded provide no basis for an understanding of suffering" (Cassell, 1991, vii). My concern then is with the obvious and yet often neglected points that there needs to be responsibility toward and communication with persons who are suffering on the part of the physician. To this end this chapter is devoted.

Responsibility

I believe relationships between physicians and patients who are suffering involves responsibilities. An argument can be made that both physicians and patients have responsibilities to each other. I am most concerned here with physician responsibility toward patients who are suffering. In this section I will point out how physicians have a

responsibility to awaken what I refer to as a moral sense in the suffering patient which results in providing an opportunity for healing to take place. What I mean by this will be broken down and explained in detail in this section, beginning with what I mean by responsibility. Responsibility or dutifulness becomes the foundation for communication. Therefore, it is natural to begin with a discussion of responsibility before discussing communication.

"Choice and responsibility are the very heart of ethics, and the sine qua non of a man's moral status" according to Joseph Fletcher (Fletcher, 1954, 10). I could not agree more. That is why I take this position of arguing for a responsibility on the part of the physician toward suffering patients very seriously. The important and relevant aspects of suffering as I have discussed in this dissertation invoke a responsibility on the part of the physician; that is, suffering invokes a duty as opposed to an option. A more detailed explanation of responsibility is in order at this point.

Richard Swinburne argues for the popular notion that moral agents are morally responsible, that is, praiseworthy or blameworthy for some of their actions. Responsibility is accountability for certain actions and choices (Swinburne, 1989, 34). The issue then becomes a matter of which actions and choices require one's accountability. My concern is with those actions and choices that lead to awakening a moral sense

in patients who are suffering. The details of these actions come later. For now, the point is that physicians have a responsibility toward patients who are suffering. Here responsibility means accountability in a moral sense and not necessarily a legal sense.

There is yet more to what I mean by responsibility. So far I have touched on responsibility as accountability which is more concerned with actions one does or does not perform. I am also concerned with the notion of responsibility as commitment which is more concerned with the nature of a relationship between two parties beyond mere actions. In The Westminster Dictionary of Christian Ethics there is a contribution by Albert R. Jonsen concerning the notions of responsibility as accountability and responsibility as commitment, in which responsibility refers "not merely to the conditions for imputability, but to the trustworthiness and dependability of the agent in some enterprise" (Childress and Macquarrie, eds., 1986, 545-546).

In this interesting contribution, Jonsen points out that this understanding of responsibility is the result of a deeper etymology which "reveals another dimension: within the word for response is hidden the Greek word for 'promise,' recalling the practice of reliably performing one's part in a common undertaking" (Childress and Macquarrie, eds., 1986, 545-546). This is the closest to what I am getting at when suggesting

there is a responsibility on the part of physicians toward patients who are suffering.

Concerning this second notion of responsibility as commitment, Jonsen also refers to it as a description of the character of a person and points out that

> This meaning reflects the deeper etymology of performing one's promised part in a solemn engagement. In this sense, responsible persons are not only those who are uncoerced and aware of the nature of their action and its consequences; they are also persons who demonstrate certain subtle or habitual attitudes to their relationships with other persons (Childress and Macquarrie, eds., 1986, 547).

Furthermore, Jonsen moves beyond mere accountability by pointing out that

> In addition, the moral quality of a person grows out of the commitments made and stood by: persons form their lives in certain ways and come to be identified by others as responsible for themselves and their actions (Childress and Macquarrie, eds., 1986, 547).

This understanding of responsibility is closer to what I mean by discussing responsibility on the part of physicians toward patients who are suffering. Responsibility is more than just accountability for actions, it also describes the

character of persons in relationships according to Jonsen. Due to the unique relationship physicians have with suffering patients there is a responsibility for awakening a moral sense in which opportunity for healing occurs. This notion of awakening a moral sense that leads to healing is to be described a little later. For now suffice to say in my experiences as a chaplain in a large hospital it was common to witness healing occurring when this notion of responsibility as commitment was a part of the relationship between physicians and patients who are suffering.

Up to this point I have introduced the idea that the two major themes I would explore in the relationship between physicians and patients who are suffering are responsibility and communication. Furthermore, I pointed out that physicians have a responsibility to awaken what I refer to as a moral sense in the suffering patient which results in providing an opportunity for healing to take place. In the discussion of what is meant by responsibility I examined two ideas. The first was responsibility as accountability, that is, to be praiseworthy or blameworthy for some particular actions. The second idea of responsibility centered around responsibility as commitment. In this I am more concerned with the nature of the relationship and the character of the physician rather than particular actions. Concerning the character of a physician as one committed to certain ideals, I here mean committed to an opportunity for healing to occur which also

entails being committed to the time and energy that may be involved in just such a process as healing. This is why I referred to references about responsibility as accountability, and also responsibility as commitment.

There is one other aspect of responsibility that needs mentioning at this point. H. Richard Niebuhr points out that "The first element in the theory of responsibility is the idea of response" (Niebuhr, 1978, 61). I believe this implies an activity. Therefore, to claim that physicians have responsibilities to patients that suffer entails that physicians are not unaffected by or uninvolved with or unresponsive to suffering patients. By this I do not mean physicians should exhibit an involvement or response that entails neglecting other patients or the physician's own personal life for the sake of the one suffering. I also do not mean an involvement or response to such a degree that clear and rational professional decisions can no longer be made by the physician. That is not the kind of healthy involvement I am suggesting.

Rather, I believe that patients who are suffering require involvement or response from an ethical perspective as well as from a professional medical point of view. I wish to call attention to an ethical involvement or response distinct from day-to-day clinical decisions on the part of the physician.

The presence of suffering means the issues of pain, personhood, and values (as discussed in Chapter II) are likely

to be paramount, and physicians should not neglect this. These are to a great degree what suffering is about. To have a relationship with a patient who is suffering is for the physician to come face to face with these issues. These are not merely clinical or technical issues concerned with anatomy, pharmacology, or epidemiology and the like. Rather they are metaphysical and ethical issues.

These issues are related to values and assessments of worth that are at the very core of what it means to be a human being. These issues must involve the physician as he or she seeks to be a physician to patients who are suffering. To ignore these issues would be irresponsible on the part of physicians in relationship with patients that are suffering.

Cassell points out that

> The obligation of physicians to relieve human suffering stretches back into antiquity. Despite this fact, little attention is explicitly given to the problem of suffering in medical education, research, or practice (Cassell, 1991, 30).

My experience also dictates that for all the technological knowledge gained by modern medicine, there has not necessarily been an equal gain in matters of ethical concern about suffering. In fairness to physicians, my experience dictates that this is a problem for society at large as well. I do, however, believe that the trend is toward addressing the issue of suffering in a meaningful way

that goes beyond knowledge of technological treatment alone. This dissertation is a result of just such a trend.

Up to this point I have developed the notion of a responsibility on the part of physicians toward patients who are suffering. Now I wish to develop this further by showing how this responsibility is to awaken what I refer to as a moral sense in patients who are suffering. Later I will show how this can result in opportunities for healing. Richard M. Zaner points out that "The encounter with an ill person can function to awaken a moral sense, to evoke a response to help without additionally disadvantaging or harming the ill person" (Zaner, 1988, 305).

The notion of 'awakening a moral sense' is important, although I think of it somewhat differently than Zaner. Zaner suggests that the awakening of a moral sense "comes as a response to an appeal for redress of an injustice or undeserved wrong suffered without choice. It is this idea, in short, that underlies and gives moral force to such notions as informed consent" (Zaner, 1988, 303-304).

Zaner goes on to discuss the experience of illness as an appeal for relief or help. He sees the awakening of a moral sense as that which takes place in attempting to redress harms brought about by illness presumably without choice. Zaner is more concerned about particular activities and principles that can help to accomplish this such as the notion and application of informed consent. Illness, then, provides opportunities

for doing the moral thing in light of someone's unfortunate situation. This is what Zaner refers to as awakening a moral sense, or becoming aware of the opportunities for doing the moral thing.

Because I like the term so much I too refer to this notion of responsibility which leads to 'awakening a moral sense'. My use of the term, however, is more concerned with how the presence of suffering has awakened one's sensitivity to certain moral issues and opportunities to do the moral thing. Because physicians are in relationships with suffering patients, there are unique opportunities to address these moral issues. The presence of suffering makes the issues all the more relevant. And the special relationship physicians have with patients who are suffering places a unique responsibility on physicians.

This 'awakening a moral sense', as I refer to it, is very important because it is required for healing to take place. Later I will discuss more thoroughly why I believe healing is important. For now, it is important to realize that 'awakening a moral sense' as I use the term means 'providing a moral opportunity for healing to take place.' Healing is important to patients who are suffering, and awakening a moral sense is important in creating an opportunity for healing to occur.

By awakening a moral sense it must be understood that I mean the presence of suffering has awakened a sensitivity to

moral issues of particular relevance to patients who are suffering. On the surface this may appear so obvious as to be unimportant. I wish to suggest otherwise. Just because one is suffering does not mean that one has a viable relationship with one's physician in which the moral issues stimulated by suffering can be addressed.

My experience as a chaplain led to numerous frustrations over this very point. On numerous occasions I talked with patients who were suffering who pointed out emphatically that their physicians refused to discuss moral issues related to their suffering. On other occasions I talked with physicians who pointed out that some patients who were suffering refused to discuss moral issues related to their suffering as well. Therefore, I believe there is a place for discussing 'awakening a moral sense' as I refer to it for both physicians and patients who are suffering. In most of my experiences, however, there was a greater reluctance on the part of physicians to address moral issues surrounding the presence of suffering than on the part of the suffering patients themselves. Perhaps this is because of the lack of attention traditionally paid to the issue of suffering in medical education as Cassell notes in a quote given earlier in this chapter. Whatever the reason, my experience dictates a real reluctance to discuss moral issues surrounding the presence of suffering.

There are then two ways in which this 'awakening a moral sense' could occur in light of the relationship between physicians and patients who are suffering. Both are important from the perspective of providing opportunities for healing to occur. However, the second one will be the focus of much more attention as it involves a responsibility on the part of physicians toward patients who are suffering. First, I believe encounters with suffering persons can function to awaken a moral sense in physicians because it can stimulate physicians to think deeply about what it means to be human. My chapter on autonomy explored the themes of freedom, responsibility, and personhood. There I explored issues and themes at the heart of what it means not only to be autonomous but to be fully human.

When physicians encounter suffering patients, moral sensitivity can be awakened by exploring the meaning of these issues (such as freedom, responsibility, and personhood) anew. Every time physicians encounter suffering patients who are facing these issues, they must face them anew in themselves. Issues seldom explored in our own lives until we encounter suffering are awakened in physicians who are in moral relationships with suffering patients. To be in a relationship with another who is dealing intimately with these issues should involve putting a mirror to oneself and to awaken one's own moral sensitivity. When physicians do that they are in a better position to provide opportunities for healing.

Secondly, I believe that encounters with suffering persons by physicians can function to awaken a moral sense in the patient him or herself. It may be that patients who are suffering have difficulty dealing with issues surrounding their suffering. At this point, the relationship the physician has with the suffering patient may serve to awaken a moral sense in the patient. When a window of opportunity is present, physicians by virtue of their unique relationships are in position to help suffering patients deal with the moral issues surrounding their suffering.

While physicians may not always be comfortable with this I do believe their special relationship with suffering patients entails a responsibility to be involved. Up to this point I have argued that physicians have a responsibility to awaken a moral sense in suffering patients as an understanding of such an involvement. The reason this is so important is because it is needed for healing to take place. I will now explore the importance of healing and justice as they relate to this second way of 'awakening a moral sense'.

Most of the literature discusses the relationship between a physician and a patient from a professional perspective. This of course is valid. However, in the case of the patient who is suffering, I suggest that the responsibility on the part of the physician is not just as a member of a given profession but as a fellow human being in a unique place of opportunity. The responsibility is not just about a proper

professional diagnosis or treatment. The responsibility here is about providing an opportunity for healing. In a broader context I might argue that all humans have a responsibility to provide for opportunities for healing to take place. By virtue of being a physician, however, one's profession puts one in contact with patients who are suffering. What I see in a broader context than as a human issue, I will now discuss more specifically as a responsibility of physicians toward suffering patients to provide opportunities for healing to take place.

What I and others refer to as healing is something different from curing. Healing may include curing, but is yet richer than and distinct from just curing. In other words, healing can and does take place whether curing does or not. What then is healing, and how is it distinct from curing?

I see healing as a rich concept perhaps best explored from a medical perspective by Eric J. Cassell in his book The Healer's Art. Cassell discusses this distinction by the illustration of a patient with pneumonia. He points out how curing the patient would involve killing the bacteria, bringing down the fever, and enabling the patient to breathe more easily. At the same time, however, he notes that

> there are other aspects of the illness that the doctor may ignore: the patient may be frightened about what is happening in his body; he may feel cut off from his family and his friends; and he may

> find himself painfully dependent on other people. Handling those aspects of the patient's pneumonia is also part of the doctor's job, a part of his healing function that can be viewed as entirely separate from his function in curing the pneumonia, even if, in practice, the two functions are interrelated (Cassell, 1976, 16-17).

There is much here that Cassell refers to in the concept of healing. There is one aspect in particular that Cassell mentions that I believe is the most important part of healing. That would be the notion of being cut off from a larger community and healing as the process that restores one to that community. It is this particular aspect of healing that I will hereafter use in my discussion of healing.

I see curing as a kind of restoration to one's normal health by way of eliminating an illness or disease or the physical manifestations of such illness or disease. This may come about by way of surgery, medicine, treatments, therapy or some other such approach initiated by a physician. As a distinction from curing, I see healing as a kind of restoration to the human community at large. Healing is a kind of metaphysical state of being in which an individual who feels isolated is returned to community. In the context of this dissertation I am only referring to individuals suffering and isolated from community due to a medical illness or disease. But certainly there is a wider notion of suffering

and isolation that could involve healing such as suffering due to political viewpoints or one's racial or gender identification. This particular aspect of healing is the one I find most interesting and most meaningful in any discussion of a physician's responsibility to a patient who is suffering to provide an opportunity for healing to take place.

In my rich experiences as a hospital chaplain I encountered this aspect of healing as restoration to the community over and over again. I found that disease, illness, and suffering often isolate individuals who are suffering from the rest of society. To be restored as a part of the human community at large was a significant aspect of what it meant to be healed in the views of these patients.

Cassell's summation of the feelings expressed by patients who are suffering is accurate compared to my conversations with patients who were suffering. According to Cassell:

> In our culture, the seriously ill person feels small, frightened, and lost. The future is cloudy and filled with the apprehension of ignorance, reinforced by fears that are given the shape and substance of monsters. Nothing is sure; like a novice, the sick person must measure every step, with no confidence in his own ability. His control of his world and his body is slipping as mechanically, socially, and emotionally he becomes less agile. The specter of helplessness looms.

> His society begins to become distant as contacts are restricted by the physical restrictions of his illness and his own failing interest in others, as well as by the many who actually shun him (Cassell, 1976, 165-166).

This apt description illustrates the aspect of being cut off from community. An important aspect of healing then is the restoration to community. One obvious kind of healing is when a cure is found, a disease or illness eliminated, and the suffering is ended. When healing takes place by way of a cure then one is restored to one's 'normal' place in society by way of a return to good or 'normal' health. This may include returning to work, family, and home. Suffering may isolate one from all such places and people. Healing by way of a cure can restore one to all such places and people by allowing a physical return to community.

Patients obviously go to see physicians to be cured of some ailment or disease and have their illness healed. Physicians in turn apply their expertise to healing patients by way of curing them of their disease or illness. A problem often occurs however when curing does not take place. David C. Thomasma and Glenn C. Graber accurately point out that "The sheer impossibility of a cure creates enormous pressures on those who misidentify their health care vocation with curing patients, rather than healing them" (Thomasma and Graber, 1990, 143).

There are many instances, however, where healing can and does take place even in the absence of a cure. This often is the case in the life of terminally ill patients experiencing the dying process. As a chaplain at Baptist Medical Center in Little Rock, Arkansas, I was involved in the care of numerous patients in the last stages of life. Based on a very informal research approach I observed how these patients often experienced a sense of healing in spite of a cure. When healing takes place without curing there must be other ways to be restored to community in the midst of suffering. What I observed was that healing came from human relationships, and that the relationship between physicians and patients who are suffering was of great importance to the healing process.

Healing without a cure involves an attitude of acceptance and understanding on the part of the physician toward the patient. While there may be no hope for a cure there must always be hope for the person suffering, for instance, hope that they will be able to find their own personal meaning in the midst of their suffering experience. This may take place if and when the suffering becomes an instrumental value, as discussed at length in the second chapter. In this way suffering patients may find purpose in the suffering that restores them to community.

A sincere example of the idea of a physician not giving up hope in the sense I have just described is in the writing of Bernie S. Siegel. The hope he describes is not a hope

merely for a cure, but a hope for healing. Siegel, a physician himself, notes that

> The belief systems of physicians and patients interact, but patients' bodies respond directly to their own beliefs, not their doctors'. Physicians tend to be more logical, statistical, and rigid, and less inclined to have hope, than their patients. When physicians run out of remedies, they're likely to give up. They must realize, however, that lack of faith in the patient's ability to heal can severely limit that ability. We should never say, 'There's nothing more I can do for you.' There's always something more we can do, even if it's only to sit down, talk, and help the patient hope and pray (Siegel, 1986, 38).

Healing may also take place if and when the autonomy of the patient diminishes suffering, as discussed at length in the third chapter. Such may be the case by allowing suffering patients to have input into their own pain control. Such may also be the case by respecting the suffering patient's life plans, purposes, goals, beliefs, and values in the midst of his or her suffering. In any and all of these ways healing may take place even when there is no cure. Healing takes place through an attitude, an outlook, and an approach to life in spite of the circumstances of suffering.

Again, in reference to my experience as a chaplain, most often I found that patients who were suffering found healing in assigning some purpose or meaning to their suffering. When they were able to do this they were able to feel a sense of connectedness and restoration to community at large. By having a purpose in their suffering they seemed to sense being a part of community rather than merely drifting meaninglessly in their suffering. This presumes the community at large has goals and purposes, which may not always be the case. But from the eyes of those suffering who feel distanced from community because of their suffering, the presence of goals and purposes appears to be a characteristic of community at large. When those who suffer can find purpose and meaning in their life, healing evidently can take place.

While healing is a very personal and existential experience, this does not mean that other humans and the physician are unimportant to the experience. Just the opposite is the case. Healing in the midst of the absence of a cure is very much a product of human interaction. Technology and science cannot provide this kind of healing (although they may aid in such by way of electric wheelchairs, and other devices facilitating increased independence and comfort). This kind of healing is a classic feature of human relationships.

According to Thomasma and Graber, "Personal healing is a ministry of persons, not of technology" (Thomasma and Graber, 1990, 201). Furthermore, they note that

> Healing is fundamentally a personal extension of one human being to another. It is a capacity that is shared. The dying person may heal the healer as much as the healer heals the dying person. Another way of putting this is that the dying become part of a healing community (Thomasma and Graber, 1990, 143).

This personal involvement and interaction with the one suffering that Thomasma and Graber believe can provide healing is the kind of healing activity I am suggesting as well. Physicians are in unique relationships with suffering patients that can help to foster healing. Respect for patient's wishes (which ought not exclude physician/patient dialogue and discussion where the two are at odds with one another), value systems, attitudes toward life, and treatment of the suffering are just a few of the ways in which physicians can help promote healing or provide opportunity for healing.

Certainly others are a part of the healing process as well. Family members and friends reconnect suffering patients to their close circle of support. Chaplains, ministers, or others may help reconnect suffering patients to their metaphysical concept of God, ultimate being, or purpose. At the same time, however, the physician represents a

reconnection of suffering patients to the medical profession and modern medicine. In this way suffering patients are aware of the presence of medical care and attention.

What this means to patients is that they are important and they count. It means they count to the medical community as unique individuals in suffering situations. It means they remain the focus of what medicine is all about - the care of the ill, sick, and suffering. When that care involves curing, it is an appropriate focus and function of medicine. Always, however, that care and focus ought to provide opportunity for healing regardless of the possibility for curing.

Individuals who are suffering need to know they count in the eyes of medicine. Physicians have an ethical responsibility to try to provide this for suffering patients. In the process, medicine maintains a focus that is aimed at attention to and concern for humans as individuals in the midst of their suffering.

Physicians are individual human beings in this special relationship, a relationship that might not exist if they were not individuals with a medical specialty. That is, the physician might never have encountered this suffering patient if it were not for the fact that he or she is a physician with a service to offer. Therefore, it is not just a professional issue. The profession is what provides the opportunity for what is a human issue. Therefore, I suggest that the responsibility of the physician is not just as a member of a

given profession but as a fellow human being in a place of unique opportunity.

This way of looking at the situation places physicians in a larger context of a healing environment. They have a unique responsibility to provide opportunities for healing, but they certainly are not responsible as the only source of healing. Alastair V. Campbell rightly points out how

> Dazzled by science, we falsely ascribe to the doctor-scientist a power far greater than that which he or she possesses. We forget that the genuine power of medicine stems from its capacity to identify and co-operate with healing forces already present in the individual, social group and the environment. Medical power depends upon knowledge and skill, but a knowledge and skill which must itself be constantly altering to a wider vision (Campbell, 1984, 25-26).

Healing is important to the patient who is suffering. No matter what the prognosis, whether there is a cure or not, healing has the potential to take place. Since this is beneficial for the patient, in particular the patient that is suffering, it becomes a kind of ethical responsibility to see that the experience of healing be given all the chances in the world.

Healing may take place where a disease or illness is eliminated, thereby eliminating suffering. Healing may also

take place where disease cannot be eliminated but the suffering is dealt with in a healing manner nonetheless. Healing may also take place when the suffering person's autonomy diminishes the suffering even though the autonomy cannot diminish the disease or condition causing the suffering. Healing is provided through human interaction, and physicians have an ethical responsibility to provide those who suffer with opportunities for healing.

In referring to this as an ethical responsibility on the part of physicians I am claiming there is an issue of justice at stake as well. My primary argument from the standpoint of justice relates to the concept of justice as doing one's best to provide services one can and ought to provide. The basis for this idea of justice involves some of the important themes of justice I mentioned in Chapter IV.

One theme of justice referred to in Chapter IV concerned justice as fairness. In this chapter I am referring to a sense of fairness in which all who are suffering would be treated in a fair manner regardless of how they came to be suffering. The distinction I made in Chapter IV between "how one came to be suffering" and "now that one is suffering" is relevant concerning fairness in the relationships between physicians and suffering patients.

A second theme of justice referred to in Chapter IV concerned justice as something different from merely following the law. We are at a point in medical ethics where there is

much controversy and discussion over what is the just thing to do for suffering patients, and whether that extends beyond what the law currently considers legal in such matters. I do not discuss physician assisted suicide in this dissertation but that is one issue raised concerning the relationship between physicians and suffering patients. I do raise the point of creating opportunities for healing as an issue of justice, and that is not involved with any illegal action as I have discussed the matter. I have not defined healing as involving physician assisted suicide. Yet that topic, while beyond the scope of this dissertation, is one in the popular debate concerning what is legal and just.

A third theme of justice referred to in Chapter IV concerned justice as something that if we are going to value it of utmost importance, then it cannot be something we take lightly or stand ready to compromise away easily. Likewise, my argument for creating opportunities for healing as an issue of justice, is one I believe must be taken seriously and not compromised away. There are many things that could get in the way of this taking place, however, I believe justice demands that this be a priority for physicians and suffering patients.

One last theme of justice I referred to in Chapter IV that I mention here, concerned Ramsey's notion of the tradition of redemptive justice as patterned after the prototype of divine justice carried on by Jesus. Acting justly toward suffering patients, by providing opportunities

for healing to occur, is very much in this tradition of redemptive justice. The uniqueness and importance of each individual suffering patient is a part of the metaphysical understanding of persons I argued for and tied in to this concept of justice.

All of these four themes of justice referred to in Chapter IV are a part of what I mean at this point concerning a concept of justice as doing one's best to provide services one can and ought to provide. As we have seen, however, physicians obviously can not always cure. Justice cannot demand what is not possible. On the other hand, physicians can create opportunities for healing to take place, even though there are no guarantees that it will. Justice requires physicians to provide opportunities for healing to take place. If physicians have any ethical responsibility toward suffering patients, it is surely to cure when possible and to provide for healing whether curing is possible or not.

To require healing is to place too great a demand on physicians or anyone else. The reason is that patients play too large a role in the healing process. If a suffering patient refuses to allow healing to take place, the physician cannot somehow miraculously provide it. But the physician does play a vital role in creating an atmosphere in which healing can occur, possibly over a long period of time. This is especially the case when suffering patients are initially

indifferent to healing but later seek out the chance for healing.

Examples of this are quite common where people struggle with terminal and incurable diseases. Such suffering patients may at first be concerned only with a cure as healing. The kind of healing that comes without a cure may not be desired until much further into a patient's suffering experience. Physicians should still stick with such patients and create an opportunity for healing to occur. Healing may come much later than when the physician first becomes involved.

Justice requires that efforts to heal be more than just optional on the part of physicians. There is a duty on the part of physicians. The duty is not to assure that healing will take place when there is no cure. Rather, the duty is to assure that physicians will provide all the means available to create an atmosphere in which healing can take place in the life of suffering patients for whom there is no cure.

I am claiming this responsibility on the part of the physician is a duty and a matter of justice rather than just a matter of being humane or caring. I realize some would argue whether or not justice extends this far. A real concern might be whether or not this dilutes what is really meant by justice. However, when someone agrees to practice medicine and accept the challenge of helping others that are ill and suffering, I believe they ought to have accepted a responsibility to provide opportunities for healing to occur.

The challenge is a challenge to help people live well and die well including the possibility for healing.

This is a physician's responsibility from duty because patients often cannot start the process by themselves. Suffering can create difficulty for self creation of such an atmosphere. Thus, it is all the more important for physicians to work with suffering patients at least to provide full opportunity for healing to occur. This is no small responsibility; justice requires it on the part of the physician. As the leader of a health care team, the physician ought to set the healing atmosphere for health care workers and patients alike.

Suffering is about more than just a disease, illness, or accident. It is about things like personhood, values, and finding meaning and purpose in the extreme depths of human living. Much suffering can be eliminated by way of curing. But much suffering cannot be eliminated by way of curing. This suffering must be dealt with in some other way. I suggest the way is by healing.

Healing, then, is a major occasion for which physicians may 'awaken the moral sense' within suffering patients as discussed earlier in this chapter. Healing involves acceptance, understanding, values, and an appreciation for those things most meaningful in the lives of human beings. By virtue of their profession, physicians are presented with unique opportunities for humans to encounter other humans who

are suffering. Justice demands that such opportunities be utilized to the fullest in providing for the possibility of healing. This is the crux of what I mean by the claim that relationships between physicians and patients who are suffering involve ethical responsibility on the part of the physicians.

It is important to keep in mind when discussing a duty to provide an opportunity for healing, along with the distinction between healing and curing, that healing is a process and not an event. It is a process of giving into the acceptance of being cured or not being cured of an illness by the suffering patient, the physician, or both. Physicians can relieve the dis-ease of patients by facilitating the healing process. But healing is a process and not an event, and likely will require some time on the part of both physicians and suffering patients.

In this section on responsibility I have focused on relationships between physicians and patients who are suffering as involving responsibility. This is an ethical responsibility in some way different from a mere professional responsibility. It is the human responsibility to 'awaken a moral sense.' Healing is the occassion for which the moral sense is awakened. Justice is the justification for the awakening. Justice means it is not optional on the part of the physician; rather it is a duty, not actually to accomplish healing, but to provide the fullest opportunity for healing to

occur. This seems both reasonable and pertinent for physicians who are involved with suffering patients.

Communication

Perhaps the most obvious way in which physicians carry out their responsibilities toward suffering patients is by way of communication. Communication forges relationships, and it is an effective methodology for creating opportunities for healing to occur. Healing is the occasion for which the moral sense is awakened, justice is the justification for the awakening, and communication is the methodology for the awakening of the moral sense. Therefore, it seems appropriate to say a few things about communication between a physician and a suffering patient.

Numerous people have had much to say about communication in medicine, but I will draw again on the work of Cassell. In particular I find some of his thoughts on 'intention' to be relevant to my argument. Cassell points out that

> Intention is defined here as a person's reason or purpose with respect to speech, what the person means by a statement. It is the split that occurs in the 'meaning' that creates the problem of intent. The split is between what the person meant by what was said and what the words themselves meant (Cassell, 1985, Vol. 1, 117).

Cassell's obvious and yet relevant point concerns difficulties in knowing for certain what a speaker means.

When the speaker is a patient who is suffering, it becomes all the more difficult at times accurately to comprehend meaning. When suffering patients' meanings cannot be comprehended, they are denied the exercise of their autonomy. (This was discussed in greater detail in Chapter III.) This issue of intention is of vital importance to the relationship between physicians and patients who are suffering.

Cassell goes on to note that someone cannot know the intentions of a speaker for certain on the basis of words and sentences alone because words and sentences do not have intentions. People have intentions, but words are used only to convey intentions (Cassell, 1985, Vol. 1, 117). This means that intentions "Can never be known, measured, or their existence proved, in any objective fashion. Intentions are irreducibly subjective - they totally and completely depend on their possessor" (Cassell, 1985, Vol. 1, 117).

In a strict sense Cassell is correct. This is another reason why justice cannot demand that healing will occur. If healing depends on communication, and communication depends on intention, and intention may be misinterpreted, then justice cannot require that healing will in fact take place. Suffering can cloud an understanding of intentions.

While all this is correct, justice still demands that an opportunity be made for healing to occur. Physicians cannot guarantee healing, but they ought to try to provide opportunity for it. Perhaps Cassell points out how my

position can be understood. Again the issue involves communication as the methodology for providing the opportunity for healing.

According to Cassell:

> To know the intent of the speaker is, in the most simple terms, to understand. Understanding is a very complex and poorly delineated concept, but it is a vital component of an effective relation between doctor and patient. It is not necessary to acquire every disease that your patients may have (although it might be useful), but it is desperately necessary that you try to comprehend what they are trying to tell you (Cassell, 1985, Vol. 1, 138).

The key is in the meaning of 'understanding'. For physicians to understand the intentions of communications coming from patients who are suffering, a number of things are required.

First of all, understanding requires time. True intentions may not be communicated at the beginning of the relationship. Second, understanding requires patience. True intentions may not be known immediately, even to those who suffer. Third, understanding requires flexibility. True intentions will probably change over time. Fourth, understanding requires openness. True intentions of those who

suffer may differ from those the physician believes they might have under similar circumstances.

Fifth, understanding requires empathy. To claim to understand is to claim in the most meaningful way possible to feel as the other feels. Sixth, understanding requires caring. If physicians do not care to understand, or do not care about their suffering patients, there is probably little hope for communication to be effective. Finally, understanding requires respect. Healthy respect for each individual unique in their own experiences of suffering (even with many similarities to others suffering) leads to better understandings of intentions.

There is nothing special or unique in acknowledging all of this, but this does not mean that it is easy to put into practice. Understanding as discussed here is difficult for physicians to practice toward their patients in these days of modern medicine. Caseloads are burdensome, and patient expectations are high. Many members of our society are not willing to invest much time in what they do. Everyone seems to want results immediately. Yet, understanding requires meaningful relationships, and few meaningful relationships are immediate.

Simple yet powerful illustrations of what I have discussed are provided by Bernie Siegel. He points out how important it is to any patient's confidence to have his or her physician's undivided attention. I believe this is especially

important concerning the opportunity for healing to take place in the lives of patients who are suffering. Siegel points out that "When a doctor sits down for one minute at the bedside to talk, the patient experiences it as five or ten minutes. If the doctor stands in the doorway, the same visit seems like fifteen seconds" (Siegel, 1986, 45).

The kind of understanding discussed here may be simply stated, but it cannot be simply practiced. Nevertheless, it can be practiced. Justice requires that it ought to be practiced, and a moral sense should be awakened in both physicians and patients who are suffering.

Conclusion

"Doctors are very powerful people" according to Cassell; "Properly used, their powers can lift the burden of sickness, relieve suffering, and do enormous good. Used wrongly, their power can do great harm" (Cassell, 1985, Vol. 2, 1). One way their power can be properly used is in doing all they can to create an atmosphere in which healing may take place for suffering patients.

Cassell goes on, however, to point out that:

> Despite this obvious fact doctors are virtually never taught about their power. Indeed, many become uncomfortable at the word itself, which is a pity because the authority and influence that underlie that power is invested in the role of

physicians whether they want it or not (Cassell, 1985, Vol. 2, 1).

Cassell is right. Physicians are granted great power in society today, whether they want it or not. This power could be accepted as good and used to relieve suffering either by curing or providing opportunities for healing.

Physicians probably have a sense of their power to heal in those instances where they in fact can cure, but they need a better understanding of the power they have to provide opportunities for healing where no cure is available. This too is a worthwhile goal for physicians, even though it is neither easy nor newsworthy. It is, however, of great ethical importance.

The question this raises concerns how this issue ought to be dealt with in the process of training physicians. If it is a duty, as I argue it is, then there needs to be someplace in physician education where the physician in training is introduced to this duty. This is a challenge for medical education.

It would be good to be introduced to this issue of a responsibility toward suffering patients in medical school itself, perhaps by way of medical ethics or death and dying types of courses. But that is not enough. Later, once the physician is in residency training and actually has patients to care for, this topic of a responsibility toward suffering patients needs to be explored. One possibility might be

through the guidance of a type of apprenticeship program with older retired physicians. In this way the retired physicians can pass on knowledge of that which never advances to extinction, that is the relationship between physicians and suffering patients.

Another possibility might be to actually set up some sort of continuing education or on going seminars in which the instructors are the suffering patients themselves. All professions and teachers can learn from others, especially those they seek to reach. The challenge for medical education to both keep up with advancing technology while not forgetting suffering patients is an important one. A more thorough discussion of how that can best be accomplished is worthwhile, but beyond the scope of this dissertation.

To conclude, in this dissertation I sought to explore what suffering is really all about and to define it by way of certain characteristics or family traits. Following that, I explored relationships between suffering and concepts of autonomy and justice. In this last chapter I pointed out the ethical importance of the relationships between physicians and patients who are suffering.

For all our medical and technological advancements, people continue to suffer. As long as human beings suffer, and physicians treat suffering human beings, ethical issues will be relevant to such relationships.

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VITA

Danny Lee Franke was born in Houston, Texas, on December 21, 1953. He attended St. Mark's Lutheran School and Spring Branch public high school growing up in Houston. He graduated with a B.A. degree from Baylor University and a M. Div. degree from Southwestern Baptist Theological Seminary. He was ordained at Wilshire Baptist Church in Dallas, Texas.

After graduation Danny went to serve as a chaplain at Baptist Medical Center in Little Rock, Arkansas. Following that he served for three years as pastor of the Vimy Ridge Immanuel Baptist Church in the Little Rock area.

Danny resigned from the pastorate to return to school and graduated from Princeton Theological Seminary with a Th.M. degree concentrating in Christian Ethics. Following that he enrolled in the University of Tennessee at Knoxville from which he will graduate with his Ph.D. in Philosophy with a concentration in medical ethics. Since 1992 he has been a full time instructor and currently is Acting Head of the Department of Religion and Philosophy at Knoxville College.