

## MEDICAL ETHICS REVISITED (HISTORICAL RECONSTRUCTION BASED ON COMPLEMENTARY DISCOURSES)

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Reliable reconstruction of historical – cultural past, including the past related to medical culture, remains an important methodological task. However, most documents and materials traditionally used for such reconstructions are often "mythologems", influenced by official ideology. Inevitably, the historical-cultural context is replaced by the historical-clinical one. The researcher is transferred from the field of culture to the space of professional constructions that impoverish our ideas about such elusive phenomena as medical ethics, body practices, attitudes to illness and health.

The article substantiates the possibility of using literary texts as complementary discourses for such reconstructions. Important topics in the development of medicine can be clarified using literary reflection.

**Key words:** medical ethics, body practices, cultural text, literary text, complementary discourse, literary reflection, cultural reconstruction.

## К ВОПРОСУ О ВРАЧЕБНОЙ ЭТИКЕ (ИСТОРИЧЕСКАЯ РЕКОНСТРУКЦИЯ НА ОСНОВЕ КОМПЛЕМЕНТАРНЫХ ДИСКУРСОВ)

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Достоверная реконструкция историко-культурного прошлого, в том числе связанного с медицинской культурой, остается важной методологической задачей. Однако большинство документов и материалов, традиционно привлекаемых для таких реконструкций, часто сами являются «мифологемами», опыленными официальной идеологией. Неизбежно происходит подмена историко-культурного контекста историко-клиническим. Исследователь переносится из поля культуры в пространство профессиональных конструкций, которые объединяют наши представления о таких «ускользающих феноменах», как медицинская этика, телесные практики, отношение к болезни и здоровью.

В статье обоснована возможность привлечения художественных текстов в качестве комплементарных дискурсов для таких реконструкций. Важные темы развития медицины могут проясняться для нас в их художественной рефлексии.

**Ключевые слова:** медицинская этика, телесные практики, текст культуры, литературно-художественный текст, комплементарный дискурс, художественная рефлексия, культурологическая реконструкция.

Reliable reconstruction of the historical-cultural past as well as a search for sources for such reconstructions continues to engross the minds of cultural scientists and remains an important methodological task. This task becomes even more difficult if it is aimed at reconstruction of special areas of human activity, such as medicine, the history of attitudes to the body and health, and the history of the emergence

of medical ethics, etc. In this case the historical-cultural context is inevitably replaced by the historical-clinical (scientific) one. The researcher is imperceptibly transferred from the field of culture to the space of normative and professional structures that impoverish our ideas about the subject under study. For example, we can find and study the code of professional ethics for physicians, but we cannot imagine how this code

was implemented in practice in specific actions of real practitioners until we read about it in authentic narratives.

At a first glance complementary discourses are indirectly related to the phenomenon under study, since they represent it metaphorically. Nevertheless, they can actually render an invaluable service [8]. A.S. Lappo-Danilevsky distinguished so-called *image* sources and pointed out their ability to "reconstruct the image" in line with the epoch [1]. First of all, we take into consideration fiction and literary works. The information in such texts is valuable as they are much more informative than that taken from officially recognized sources [2, 3, 5].

Many researchers rightly believe that narratives and authentic narratives contain a large amount of valuable information [9, 10]. The actions and attitudes of the heroes of artistic narratives clarify the cultural, social, economic and ethical contexts of the era. A. Chekhov, L. Tolstoy, V. Veresaev, M. Bulgakov, Petrarch, Moliere, Guy de Maupassant – all these authors believed medical and private medical issues to exist in relation to ethical and moral-philosophical experience, and, therefore, these issues are of genuine scientific interest.

Here are some examples of how a work of fiction directly immerses us in the cultural context of an era. Petrarch's *Invective Contra Medicum* written in the 14<sup>th</sup> century, is an excellent source of information about the attitude to the doctor in late medieval society. Petrarch believed that lying *had become a daily and habitual thing* to a doctor, and there was the worst variety of lie – a completely conscious lie [4, 6, 19].

Highly intractable moral and ethical issues were touched upon in Moliere's comedies. They raised the extremely relevant and still unresolved issue of medical error. Moliere considered *the profession of a doctor the most profitable of all, since the doctor received his fee regardless of the treatment outcome. He also noted that the courts always took the side of doctors if they used an established method of treatment, and it was not their fault that medical science was so imperfect.*

The works of A. P. Chekhov can be considered an encyclopedia that reliably describes medical practice, models of doctor – patient relations in Russia of the 19<sup>th</sup> century. In Chekhov's short story "General education (recent findings of dental science)", he listed common tips on how *to deal with the public*, adapting to different types of patients [5].

Health in the nineteenth century became an immutable value, and the body was translated into capital. These changes explain a massive surge in medicalization of everyday culture. In Guy de Maupassant's novel "Mont-Oriol" the specifics of medical practice of the 19<sup>th</sup> century are restored in detail, the topics covered in the novel confirm the above statement: popular methods of treatment; attitudes

to the body and health, types of doctors, medical ethics and relations within the professional community; fashion in medicine, the latest theories of disease origin; methods of observation and examination of patients; the role of advertising and fashion in medicine, the first exerciser devices indicating the emergence of "health medicine".

Doctors held a high position in society; therefore, different mineral springs and resorts were named after them. Each resort had *an advertising brochure with a long list of medical ailments cured there.* The decisive factor in the development of any resort was the infrastructure and the opportunity for both to have fun and to receive therapy. The medical community of the 19<sup>th</sup> century was divided into two camps: some believed that *casinos, coffee shops and billiard rooms were compatible with warm water treatment*, while others criticized strongly this side of resorts. Russian balneologist, L. B. Bertenson criticized both patients and doctors for their addiction to being treated abroad, since they "go abroad not only for treatment, but also for entertainment" [6].

Doctors sought to stand out with a special demeanor that combined features of a man of the world and a professional. A lot of money and effort went into clothes, which had to be in line with the latest Paris fashion. There were *quite different types of doctors*: some were obsequious to patients, others preferred to be friendly with them, still others chose a paternalistic model of communication, and there were some who behaved like *prison guards.*

Maupassant describes the ethical principles that govern the relationship between doctors and patients, as well as relationships within the medical community. Doctors worked in the face of fierce competition for the right to attend to rich patients. At the same time, it was considered highly reprehensible to endeavour to entice a patient away from a colleague. They vied for the right to treat the rich. Doctors were more likely to refuse to see a patient at all than to be suspected of unfair competition. Refusing to give aid they actually set their reputation above the good of the patient, reasoning that *the requirements of medical ethics were indisputable.* Such attitude of doctors was taken for granted and did not cause indignation of patients.

We used to think that fashion and medicine are incompatible phenomena. However, this is not the case. Edward T. Tibbits noted "that in no department of science is there so much fashion as in that of medicine" [7].

The latest theories of the origin of diseases promoted new methods of examination and diagnosis. Just imagine a doctor asking a lady to put on her white negligee, and then... *most carefully drawing lines on it indicating the boundaries, size and position of the organs. In a quarter of an hour, the dressing-gown looks like a geographical map, and the doctor, like an Egyptologist, is deciphering hieroglyphs.*

Smart entrepreneurs at resorts were well aware that advertising drives sales, but only doctors could attract patients. They deftly used *famous doctors with impeccable reputation*. They asked for their "scientific conclusions" in favor of a particular resort and offered both fame and *preferential rental of houses with subsequent possibility of purchase in return*. Another common method of advertising was stories of miraculous cures, most of which were blatantly planned forgeries. However, in contrast to the medieval stories, all of them were "approved" and "supported by" the latest achievements of medicine.

Since it was believed that physical activity most effectively *helps to restore the disturbed balance*, doctors began to look for a way *to replace volitional muscular work with mechanical devices*. This is how the first simulators for sitting and standing walk appeared. The patient himself did not have to do anything – he could "run" or "ride" for an hour, "swim" or "row", and his will did not take the slightest part in this purely muscular work. *The first simulators described by Maupassant tormented patients so much that they screamed piteously*.

The few examples outlined in the article show that by immersing oneself in the verbal-discursive space of a literary work, a researcher who is not the author's contemporary, and who lives in a different system of scientific, aesthetic, moral and ethical frame of reference, receives an invaluable source of facts about a particular cultural-historical epoch.

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