

Het geweld van laatste woorden : filosofie in de marge van de gezondheidsethiek

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The Violence of Final Words

Philosophy in the Margins of Healthcare Ethics

Healthcare ethics struggles with status. Ever since its birth, it has been troubled by family quarrels over universality and particularity, theoretical knowledge and practical reasoning, pragmatics and philosophical insight, principles and virtues, technics and hermeneutics, liberalism and communitarianism, in short, over 'narrow' and 'broad' notions of morality. Although these philosophical controversies are discussed in its margins, healthcare ethics is deeply affected by their contrapositions. Indeed, anyone involved in it today inevitably takes a side.

This study begins by demonstrating the antagonist's positions but, as it carries on, withdraws from them, favouring neither and not attempting to reconcile them. On the contrary, it shows the way in which they complete each other and act on the same grounds. Both ignore *the violence of final words*, although it is already active in either of their arguments. Because of that ignorance, they underestimate the value and function proper to the political (H. Arendt).

Final words (Rorty's *final vocabulary*) impress upon us. Hence their violence is not simply a verbal one with which debates carry on or are interrupted. Rather it is non- or pre-verbal, lending us occasion to hear or (morally) appreciate something, but not without restraint. We cannot hear everything, and even if we were (technically) able to do so, what we would hear then is not anything. What we hear is always something that makes sense, or not. Therefore, even if we (technically) hear the same thing, what we hear *in* it, is not unquestionably the same. Furthermore, what makes sense to you and to me is not just a finite or distorted interpretation of a pre-given universal meaning. What makes sense *has* meaning, for which we have nothing but final words.

Our final words are those 'last' words we employ to justify our actions, our beliefs, and our lives, but be unable to justify them. Indeed, behind these words it stays still. This means that an unfamiliar silence, a mute 'something', a foreign intimacy (Lacan's *extimité*), a dumb resident (Lyotard's *infans*) or an inaccessible, inner deafness dwells in us. It singularizes us and holds us in a grip.

We stick on 'something' we are unable to hear. Final words hide and protect this unfamiliar deafness. While these words belong to our family, our family belongs to that deafness instead. For that reason, we cannot give up our final words, without giving up something of ourselves. They are vulnerable, and so we are through them. We want them to be taken seriously and urge for their recognition.

We are occupied by 'something' that would crush us if we were left with it in private. The open air of the political sphere offers us the possibility to transform it and give it a public shape. Though politics cannot assure the recognition we are longing for (indeed, others, because of *their* peculiar deafness, cannot hear what *we* hear in our final words), its 'public-ness' allows us yet to speak of what we have at heart.

Liberal and communitarian public spheres are *particular* responses to the political and to the problem of recognition. In order to keep us undisturbed, liberalism restricts the open air. Its remedy for the *violence* of final words is to rip them out of the public sphere, and to banish them to the private realms. Communitarians broaden the private sphere and comfort us in confirming our final words, but fall short of the recognition we actually desire. Stretching the liberal *I* into a private *we*, it fills in a gap through common identification. However, as soon as we doubt the worth of what we consider worthwhile, it cannot fill what we are always longing for. What we desire then, is the recognition of our values, in particular from those others who are *not* able to recognize them. In the course of this *aporia*, which sustains that desire, the political cultivates (moral) conflicts that ask for a decision.

Healthcare ethics is mixed up with this question. Consequently, it is politically structured by way of recognition and decision. As is shown in this study, whether one applies a small (liberal) or a broad (communitarian) notion of morality in facing a moral problem, at either side one is focussed on the solution – the former more directly than the latter. That focus, however, comes too soon. For the

characteristics of the political, healthcare ethics – as a public affair – is more than just a family matter, on the other hand it must also acquire more than just a pragmatic function. Hence, taking our urge for recognition seriously, a (moral) decision obtains another meaning. In this way healthcare ethics is philosophically diagnosed.

This book examines the mutual relationships between philosophy, technology, ethics and politics. With Hannah Arendt (and M. Heidegger), the affiliation of technical thinking and philosophy is discussed in chapter 1. It underlines the way in which philosophy helped lay the foundations of technical thinking. As a result, philosophy and technics occupy a specific position in relation to the political. Chapter 2 takes a closer look at the characteristics of technical thinking in an effort to clarify what exactly is at stake in healthcare ethics as ‘human affair’. A technically approached ethics is unable to give room to moral qualities such as involvement, confidence and obligation, even though it presupposes them. Such ethics does not get beyond the question ‘what should we do?’, which is viewed and answered as a technical question. Chapter 3 focuses on the dominant approach in healthcare ethics, more particularly the *principle* approach, which, due to its specific and poor vocabulary, has a hard time voicing the said moral qualities. This is demonstrated by means of a case study. *Principlism* ties in with a technical view and a procedural approach of decision-making. A few models, illustrating this way in which action-guides are formulated, are commented upon in chapter 4.

Chapter 5 reports on the Dutch debate between Th. van Willigenburg (an engineer) and P. van Tongeren (a philosopher). The philosopher will argue that we must take a step back and reflect on the technical approach, which forgets its own presuppositions. The two may be stuck in a battle of oppositions, their stands, however – and for that very reason – also complement each other. This conclusion touches also that other, and better-known, debate between liberals and communitarians. In chapter 6 the philosophical criticism is scrutinized in detail. Having taken a step backwards, it immediately takes another one forward. The problem is that this step is made too hastily, is forgetful and manifests an irony that neglects decision-making. Instead of taking a step forward, a second step should be taken back in an effort to actually think the ‘decision’.

That second step is taken in chapter 7. First a case is thoroughly analysed and discussed to lay bare the 'deafness' that typifies ethical discussions. Whence the conclusion that, in this 'deaf-men talk', in absence of either fitting or fusing 'singular grounds', one way or another a decision will have to be made. Further, in the wake of the ethical discussion, the very function and meaning of the political and the decision are looked at. In the end, the public sphere is indeed – *sui generis* – the very space in which *the violence of final words* can somehow be deafened; decisions, if democratically embedded, may perform this – not unlike rituals do.