"The Doctor's Dilemma" and Bioethics in Literature: An Interdisciplinary Approach

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Abstract

The interface between literature and medicine has long been an area of interest for researchers. It is difficult to conceptualize any singular methodological approach for such an interdisciplinary field. However, the theoretical developments in Bioethics are promising. Besides, literary texts representing medical themes and characters have created a cultural discourse of Bioethical problems in the modern world. Borrowing its title from Shaw's famous medical satire, *The Doctor's Dilemma*, the present paper aims at exploring how far a bioethical approach—with special reference to the doctor-figures represented in some twentieth century literary works—can be helpful in delineating the complexities involved in issues like the doctor-patient relationship, medical ethics and the rapidly growing technological orientations in the modern world.

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The Postmodernist turn in literature, culture, society and science in the 1950s and 60s has opened up several interdisciplinary possibilities. One such interdisciplinary discourses involving

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Bioethics and literature has assumed a certain importance in the areas of Medical Humanities and Biomedical Ethics. In her essay contributed to the book, *Bioethics and Biolaw through Literature*, Mara Logaldo has discussed both the affinities and disparities between "Postmodernism" and "Bioethics." In the 1970s, the emergence of the term "Bioethics" coincided with the foundation of the Kennedy Institute of Ethics in Wisconsin and Washington D. C., whereas "Postmodernism" took shape as a complex paradigm shift in literature, culture, discourse and epistemology throughout the 1950s, 60s and the '70s. Both Bioethics and Postmodernism, however, share a distrust of the "grand narrative"—the former arose from a rejection of faith in a teleological and positivist science, and the latter took its turn in opposition to the progressive values and assumptions that dominated the West since the age of Enlightenment. "At the same time, they also rejected a theological view, preferring to it, at most, what has been defined as a "negative," deconstructive, and eliminative theology."

For Logaldo, both Postmodernism and Bioethics are thus engaged in a critique of man's present position in the universe. However, the only aspect of Humanism that Bioethics retains in its modified terms, is the self-scrutiny of man as a biological, social and scientific being, maintaining a self-awareness, while Postmodernism—especially its literary aspect, has replaced the "self" with the auto-reflexivity of the text. Postmodernism aims at a decentralization of the human subject, whereas bioethical medicine tries to rethink the notions of safeguarding human life even against a hopeless and nihilistic universe, applying the social, cultural, political, and moral understandings of a composite and complex global situation. In their essay "From Literary Bioethics to Bioethical Literature" Sedova and Rymer have referred to George

Khushf's definition of bioethics as "a large, interdisciplinary field, with contributions from philosophy, theology, literature, history, law, sociology, anthropology, and the diverse health professions." On the other hand, Howard Brody, a physician and medical humanist, has defined bioethics and literature in terms of an unavoidable ambiguity—the goals of bioethical and literary representations of medical themes cannot be exactly the same. Elsewhere he also holds that, though the term "bioethics" in its present sense did not come to be used before the 1970s, what is now called bioethics is basically a recent revival of a modernist medical enterprise. As he continues:

> The first target of postmodern criticism is, of course, modernist medicine, and bioethics comes in for its share of criticism as it is shown to have become an integral part of modernist medical enterprise and not,… a critical attack upon and corrective of that medical system.

The understanding of bioethical literature in the modern period, then, becomes both a movement towards the opening of new vistas of understanding Medical Humanities in relation to life and at the same time, a problem to bring that understanding to a reality that replicates it anxieties, constantly forming new bioethical challenges. Within a Postmodernist culture, when the boundaries between epistemologies, disciplines, and discourses are constantly overlapping, the understanding of bioethical literature, then, becomes both a kind of "opening up" new vistas of understanding life and a problem to negotiate that understanding in reality.

Shifting our focus from Postmodernism and Bioethics in general to their specific literary representations and theoretical questions, we may realize that the very attempt to associate the literary and the

textual to the bioethical indicates a Postmodernist approach where everything can be considered a "text." As Downie and McNaughton have also noted:

> [T]he analysis of a poem is a highly skilled and complex matter, especially since poems are resonant with irony and ambiguity. Indeed, perhaps the diagnosis of a patient's illness and the analysis of an ethical problem have this in common: each is more like the interpretation of a difficult text…

If the patient's problem is to be interpreted as a "text," so it is to be in case of "the doctor's dilemma" as well. Like a postmodernist text that defies "meaning," the bioethical "subject" is also denied any certitude of judgment. Borrowing its heading from Shaw's evocative phrase, the present paper aims at a close literary analysis of some texts of the modern period—texts in which the doctor-patient relationship amounts to a bioethical problem. Terms like "literary bioethics" and "narrative bioethics" have indeed emerged in a postmodernist context of cultural studies. However, in order to trace the development of bioethical rationale in literature, one may go back to the nineteenth and twentieth century literary works involving medical themes and characters, concerning "doctor," "disease" "cure" and "death." In this regard, the changing discourse of representing the doctor-figure in modern literature can be appreciated from a bioethical point of view, through the lens of Postmodernist assumptions.

The traditional tripartite structure of the professional hierarchy in Victorian medicine gradually evolved into a more complex discourse involving the consultant and the General Practitioner. George Bernard Shaw's 1906 play, *The Doctor's Dilemma*, shows

how during the late nineteenth century the medical spectrum got complicated—with the professional elite in London, particularly around the "Harley Street" on the one hand, and the mediocre GP on the other. As Peterson observes, the prestige attached to this "small but dynamic" group of consultant elites derived not necessarily from their Aesculapian skill and knowledge, but rather, from the social status of the healing profession itself. In between there was a thriving politics in the medical market which was lucrative for the young practitioners. Getting an attachment with the public hospitals—St. Mary's Hospital at Paddington, for instance—became one of the most prospective places for young socialist physicians. Earlier in the nineteenth century the fellows of the surgical and medical institutions were selected on the basis of social status, family connections, and sometimes, political affiliation.[130] As the century drew to its close and healthcare and health-policies became more complicated and mercantile, there was a change in the shaping criteria of bioethics. The consultant elite, achieved more power in a sense which was categorically Foucauldian. Peterson points out that this "power" rested not on the doctors' capacity for curing and giving care, but rather on the dangerous propensity of the patients' dependence on the consultants for their life and death at their disposal. It was less "the power to do, but the power to know, and therefore to judge."

The power, authority, and ethical values of the late nineteenth doctors began to be questioned within a broad socio-economic scenario. George Bernard Shaw, being a member of the Fabian Society, figured as one of the most prominent critics of the medical

[130] For details, see E.A. Heaman, *St. Mary's : The History of a London Teaching Hospital*, Montreal and Kingston, London, Ithaca: McCgill University Press, 2003.

establishment. One junior doctor under Dr. Almorth Wright, the Head of Pathology in St. Mary's Hospital and Shaw's friend, complained that doctors often had to be selective about a certain number of patients, since the number of hospital beds was limited.[131] Shaw often visited the Pathology department at St. Mary's and enjoyed informal conversation with physicians. It is probable that the basic ethical problem in *The Doctor's Dilemma* was partly derived from Shaw's interactions with Dr. Wright or his colleagues. In the play, Shaw portrays the situation of a poor General Practitioner who realizes the need of giving specialized treatment, but finds it practically impossible since his poor working class patients would not be able to pay for the proper measures of medication. Nor would they come to him if he prescribes such expensive measures. Dr. Blenkinsop, however, does all that he can for his poor patients, considering his own limited resources. On the other hand, the doctor has to make compromises with the demand of the large number of well-to-do patients, in order to live by pleasing as many as he can.

The central dilemma of Shaw's text is founded not only on medical ethics in an idealistic sense, but on the market-situation of the medical profession which creates a gap between supply and demand. Dr. Ridgeon in the play has discovered a remedy for tuberculosis, but the supply of material for vaccination being scarce, he can accommodate only ten patients—"chosen ones." It is clear that Ridgeon's selection of ten patients out of fifty, leaving the other forty to die, amounts to a serious bioethical inequity.

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[131] Roy Maxwell, "The Doctor's Dilemma: Clinical Governance and Medical Professionalism," *Ulster Medical Journal* 2011; 80(3), p 154.

Ridgeon finds that he must "consider, not only whether the man could be saved, but whether he was worth saving." The first criterion measures the chances of success, whereas the second addresses the "quality" of a patient. This goes fundamentally against the principle of equality and impartiality which gives each patient equal right to be treated. When Mrs. Jennifer Dubedat persuades him to treat her husband, an artist, he says, "You are asking me to kill another man for his sake." This notion of "saving" a patient at the cost of "killing" another almost raises Ridgeon to the level of a "saviour." Ironically, this goes back to the ancient Greek concept of "pharmakon"—a singular term meaning both "elixir" and "poison"—bearing a terrible duality of connotation, which suggests "healing" as well as "killing." The very sense in which Dr. Ridgeon assumes himself to have absolute power to "kill" and to "heal," becomes his dilemma in terms of bioethics. The irony of Ridgeon's situation becomes evident when another patient, a colleague in fact—Dr. Blenkinsop, reports that he has contracted tuberculosis. Being a poor GP, Blenkinsop knows that he cannot afford to bear treatment, so he does not ask Ridgeon for his therapy. But his position as a colleague and an honest—however poor—practitioner speaks for his case even if he does not demand consideration. When Blenkinsop has left, Dr. Cullen retorts to Ridgeon, "Well, Mr. Savior of Lives, which is it to be? That honest decent man Blenkinsop, or that rotten blackguard of an artist, eh?" The play critically asks whether the doctors' claim to have power over the life and death of fellow human beings is compatible with any kind of value-judgement and how far they can be trusted with such power.

The Doctor's Dilemma betrays Shaw's bizarre attitude towards the medical profession. What appears to be even more grotesque is the doctors' attitude to their own errors. No one seems to be the least

concerned about the harm he has done to some unfortunate patients. Dr. Walpole seems to take great amusement from his own fault, when he mentions jocularly how he once forgot to remove the sponges from a patient's body after surgery. B.B. shows a dangerously cavalier attitude to the use of anti-toxins, even knowing that they can be harmful at times. Ridgeon's final decision to cure Blenkinsop instead of Louis Dubedat is derived from no sudden awakening of fellow-feeling, professional ethics, and duty to a really worthy colleague. He is infatuated with Mrs. Dubedat and wishes to get rid of the artist, and cures Blenkinsop instead of Dubedat. Another doctor, B. B. takes interest in Dubedat's case and offers to treat him. Even then there is no sense of consolation and real hope. B.B. deliberately maintains that he is going to use Dubedat as an object for experiment:

> To me you are simply a field of battle in which an invading army of tubercle bacilli struggles with a patriotic force of phagocytes… I will stimulate them. And I take no further responsibility.

Within the text, it is not clear whether this proposed mode of medical experiment could have been a successful alternative treatment of tuberculosis, for B.B. ultimately resorts to Ridgeon's method. He mishandles Ridgeon's method and fails—Dubedat dies. Later, when Ridgeon confesses to Jennifer that he loves her, and so he has indirectly "killed" her husband by referring him to B.B., Jennifer dismisses the infatuated doctor with a strong admonition: "Doctors think they hold the keys to life and death; but it is not their will that is fulfilled. I don't believe you made any difference at all." Her reproach to Ridgeon can be equally applied to any other elite and vain-glorious physician—none of them makes any difference. For Shaw, the medical profession is either

inefficient or dangerous, since it is corrupted by the doctors' self-serving will and misguided value-judgment. The concern is not merely of human consideration, it is rather a bioethical problem, asking how far the self-proclaimed specialist's "power to know" can be trusted to exercise a "power to judge" the values of life and death, and to determine one patient's "worth" over another.

The breach of trust between doctor and patient was a growing problem in the early twentieth century which showed little sign of improvement in the next two or three decades, including the inter-war period and afterwards. As Lawrence Rothfield observes, since by the end of the nineteenth century, capitalism began to co-opt professionalism, "the physician, who stood for an alternative to marketplace individualism in the earlier period… now can take on almost the opposite role, standing as the epitome of liberal individualism in an era of emerging corporate and international capitalism". The art of healing suffered a transformation from an progressive and authentic science to an auxiliary one, and from an ideal profession to a less significant social praxis—and this has found expression in a "new wave of antagonism against medicine and medical professionals."

With the modernization and rapid commercialization of the medical profession the idealistic figure of the Victorian GP or the good family physician was no longer the central consciousness in modern fiction dealing with medical concerns. In addition to the tension between the self-interest of the physician and the expectation the patients, a new tension grew up between the increasingly technological and biomedical focus on disease and care of the patient. The introduction of such new medical equipment as the compound microscope and X-rays by the late 1890s, electrocardiograph (ECG) in 1910 and the sphygmomanometer by

1912 transformed the very perception of disease and brought a mechanical efficiency in diagnosis. In view of such technological "revolution" in the medical field, the perception of the social history of medicine also underwent certain changes. In the West, the focus of medical history has largely been "iatrocentric"—oriented towards the quality of the medics and "matters internal to medicine rather than considering health care in a wider social context," with the assumption that the profession is an institutionalized, "homogeneous body evolving towards scientific competence." However, the notion of a "homogenous" body of scientific enterprises has now been highly debated, and the issue of social iatrogenesis has come to the fore. As Ivan Illich suggests, social iatrogenesis is often confused with the diagnostic authority of the healer. He insists on the "iatrogenic" (i.e., created by the medical system itself) conception of disease, suggesting that medicine tends to create illness as a social reality in order to prove its own authority. The changes in the medical scenario are "dependent variables of political and technological transformations, which in turn are reflected in what doctors do and say," and medical intervention itself results in "an extending proportion of the *new* burden of disease… in favor of people who are or might become sick." In that case, the respectable figure of the healer has been transformed into a bureaucratic agent of social and cultural "iatrogenesis," legitimizing an ever-thriving population of patient consumerism.

In terms of bioethics, healthcare and wellbeing in human civilization is a pathological, social as well as moral enterprise and therefore, it has obvious ethical dynamics of doing good or evil. According to the Foucauldian scheme, clinical authority, like religion or state-laws, has a controlling power over what is considered normative, sane, orderly, and proper. So the physician,

like the governor or the priest, is also a judgmental authority on normativity, health and sickness. In modern societies, the medical enterprise has become a bureaucratic establishment, with a capital different in nature; despite its growing materialistic concern and exploitation of disease as an object, it was still believed to be based upon some abstract notion of trust and confidence. It is in this slippery ground of professional integrity that the question of bioethics creeps in. As to the literary representation of medical themes, one may ask what aspects of bioethics can make it possible to understand the figure of the doctor as a cultural manifestation of the changes in social history with the onset of the "modern period."

From the perspective of literary Modernism, it has been a common critical consensus to associate the early decades of the twentieth century with a fragmented and distorted reality, and the depiction of the professional life of medics in modern literature also reflected this. The outbreak of the First World War in 1914 affected humanity with an irrecoverable damage of health and stability, resulting in a diseased condition of trauma. Jones and Wessely argue that the theoretical and technical developments in medical psychiatry by the time of the First World War were not enough to address the problems of the shell-shocked patients suffering from a post-traumatic neurosis[132] Doctors interested in psychiatric care-giving were still a minority, and the patients were generally treated under the broad category of nervous disorder, which Sir William Bradshaw, the renowned nerve-specialist in *Mrs. Dalloway* calls "not having a sense of proportion."

[132] See Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove, East Sussex: Psychiatry Press, 2005).

Literary representations of medics during and after the war, have been rather negative—a trend which reflects both the helplessness and ethical disintegration of the medical profession, facing a reality too bleak, diseased and hardly with prospects of doing something really good. Virginia Woolf's *Mrs. Dalloway* represents two different aspects of medical treatment given to the figure of the "broken man"—the shell-shocked soldier, a problem and threat for the post-war British masculinity, trying hard to recover its stability. The scathing medical satire focuses on the professional jealousy and narrow-mindedness of the doctors. Learning the GP Holmes' opinion on Warren Smith's case, the specialist Sir William retorts: "Those GPs…," although in fact both doctors are equally mistaken in their views. The failure of the doctors to restore health to the war-victim Septimas Warren Smith has been associated with the author's own bitter experience of undergoing psychological treatment, resulting in her distrust in the unfeeling and dully authoritative nature of medical treatment[133] Dr. Holmes, the GP in *Mrs. Dalloway* does not believe in mental illness at all; and Sir William Bradshaw, the nerve specialist hypocritically avoids the word "madness," whereas he blatantly refuses to hear and understand what the patient has to say and speedily prescribes complete seclusion and rest, before dismissing the Warren-Smiths. He considers mental illness a form of rebellion against the status quo, which must be brought into submission which he calls normality and "proportion." Woolf does not hold her disgust when she sardonically portrays the doctor:

[133] Lyndall Gordon's *Virginia Woolf: A Writer's Life* relates Woolf's own mental trauma and the "hopeless meddling of doctors" to the role of doctors in *Mrs. Dalloway*. Relevant extracts from the work are included in *Mrs. Dalloway* (ed.) Brinda Bose, Delhi, Worldview Publications, 2012, 194-204.

> To his patients he gave three quarters of an hour, and if in this exacting science which has to do with what, after all, we know nothing about—the nervous system, the human brain—a doctor loses his sense of proportion, as a doctor he fails. Health we must have, and health is proportion,; so that when a man… threatens, as they often do, to kill himself, you invoke proportion, order rest in bed, rest in solitude,… rest without friends, without books, without messages…

Septimas Warren Smith's suicide shows the ultimate collapse of the traditional and idealistic relationship between doctor and patient, which becomes rather a terrible enmity. The only person who tries to understand Septimas is his wife Rezia. Realizing that her husband is actually better and happy when he is not under a medical eye, she resists Dr. Holmes. The doctor authoritatively demands to see him, and Septimas, as if to protest against this disgracing medical network of power, throws himself out of the window. Even a few seconds before Dr. Holmes' entry, Septimas has not been thinking of death. It is the doctor who breaks into his private space, his otherwise smoothly running stream of consciousness, and compels him to commit suicide.

The failure of the doctor to "heal" and the tragic claim of the patient's voice to be heard and understood can be read against the theoretical framework of literary bioethics. Nancy Bretlinger points out that within literary bioethics, shifting importance to the patient's story, voice or point-of-view amounts to a narrative ethics[134] Viewing the patient as "a whole person," therefore,

[134] See Nancy Berlinger, "Preface," *After Harm: Medical Error and the Ethics of Forgiveness,* Baltimore and Maryland: John Hopkins University Press, 2005.

amounts to a bioethical formulation, which, instead of focusing on symptoms, attempts to analyze the patient's problem in his own terms. In *Mrs. Dalloway* the doctors' dismissal of the traumatic patient's voice and the patient's self-destruction thereafter thus can be read as a bioethical failure—open to a postmodernist critique.

Woolf's "Dr. Chapter" has been a cult-narrative on the medical egotism and fallibility in post-war Britain. Besides, modern sensation novels, science fiction and mystery tales have often characterized doctors as embodying the "evil genius." Earlier in popular crime fiction, such as in the Sherlock Holmes casebooks and later, in Dorothy L. Seyer's detective novels throughout the late 1920s and '30s, doctor-figures have often been associated with medical criminality. Francis Iles' 1931 crime-fiction, *Malice Afterthought* details in clinical terms the sadomasochistic psychology of Dr. Bickleigh who murders his wife Julia in a planned way. If such popular mystery-stories or crime-fiction cannot be regarded as well-researched and organized critique of medical malpractice, there is no denying that they reflected the general suspicion and unease about the sinister nature of medical fraud and criminality. Developments in new forensic experiments, vaccination and vivisection and their misuse also fanned the popular fear about the dark character-type of malicious doctors.

These fears were reframed in terms of a dystopian worldview in Aldous Huxley's futuristic novel *Brave New World*, where medicine and biotechnology has taken the role of a totalitarian government. To many, Huxley's text anticipates the rise of Fascism and the atrocities perpetrated by Nazi doctors during the Second World War. The use of genetic engineering and pathogenics for evil and morbid purposes result in a destabilization of the traditional moral component in medical diagnosis and care-giving. The doctors,

scientists and experimentalists in *Brave New World* are part of a system in which medical science has become a relentless machinery without any kind of consideration for human individuality. In the imaginary "World State," the Bloomsbury embryo centre, human cloning centres ("hatchery") and human management institutes are strategically located in a futuristic London, constituting a "panopticon"-like structure, with the "eye of authority" active all the time, keeping individuals under constant surveillance[135] It foreshadows a strange dynamic in the doctor-patient relationship where both identities are deprived of subjective consciousness, not to say anything about the very existence of medical ethics.

Huxley's *Brave New World* depicts a World state in which pharmacological governance controls the eugenic possibilities, where babies are "hatched" in bottles, and adults are brought into "order" by using a hallucinatory drug called "soma." Describing the power of this medicine, Dr. Shaw uses the word "eternity" which only adds to the irony of the human race that is bound to commodification in the name of enjoying "eternity." Through his doctor-figures in Brave New World, Huxley has deliberately parodied his famous predecessors—George Bernard Shaw and H. G. Wells. Both were interested in a bioethical vision of eugenics: Shaw's idea of "Life Force" gave way to his futuristic imagination in *Man and Superman* and *Back to Methuselah,* and H.G. Wells' utopian vision in *Men Like God* evoked in Huxley's mind " an almost pathological reaction in the direction of cynical anti-idealism." Initially he intended to write a parody of Wells' "too optimistic" utopia, but gradually the motivation took a life of its own; the idea became "so fascinatingly pregnant with so many

[135] Michel Foucault, "Panopticism," in *The Foucault Reader*, ed. by Paul Rabinow (United States: Penguin, 1984), pp. 206-214.

kinds of literary and psychological possibilities that [he] forgot *Men Like Gods* and addressed [him]self in all seriousness to the task of writing the book that was later to be known as *Brave New World*."

Huxley has not made any direct reference to the writings of Shaw and Wells, but he has given them the status of the physician: "Dr. Shaw" and "Dr. Wells" have become two fictional medics in the text. Dr. Shaw introduces the old and alcoholic Linda to the hallucinogenic drug "Soma," even knowing that its excessive intake can cause death. John's protest against the prescription brings out the doctor's view that it is better for Linda to die as quickly as possible since she is no longer productive and therefore, unworthy of living in the World State. Dr. Shaw dehumanizes the old woman and negates her right to life, and in turn, gets de-humanized himself, in a bioethical sense. Dr. Wells' role is that of a failed experimentalist who prescribes pregnancy substitutes and runs into an ectogenetic error, so that the whole experiment is reduced to futility. In his novel of ideas Huxley thus makes medicine, science and technology assume the authority in a totalitarian government and deliberately paints the doctor-figures in such a sinister and negative light. Such dehumanization of one doctor-character and representation of the other as a pastiche of the Victorian, research-minded and positivist medic is somewhat indicative of a postmodernist turn. This can also be read as a critique of the "grand narrative" of nineteenth century literature and medicine and the heroic status attributed, more often than not, to the professional medic.

In a postmodern context of medicine and biotechnology, Ivan Illyich has noted in 1975 that medical fraud, negligence and malpractice have been part of medical history, but the society at

large has long been absorbed in the utopian vision of "healing" until the mechanization and depersonalization of the medical profession became too prominent. He further adds that in the new age of highly mechanized biotechnology, the doctor has been transformed "from an artisan exercising a skill on personally known individuals into a technician applying scientific rules to classes of patients" and as a result of this, "malpractice acquired an anonymous, almost respectable status." The suggestion is obvious: medical fraud, negligence or fallibility, which was previously considered "an abuse of confidence and a moral fault," has now been subject to rationalization in terms of "random human error" or "system breakdown," where "callousness becomes "scientific detachment," and incompetence becomes "a lack of specialized equipment." Illich's view may appear too pessimistic: however, much of what is going on in our contemporary society in the name of healthcare, is not very different from Huxley's imagination of a system in which the concepts of care-giving, parenting, doctoring and nurturing human life no longer exist.

A historicized analysis of the degeneration of the "medical hero" in literary texts of the modern period shows that such decline was no simple matter of changing values with the shift in socio-economic and cultural standards. In the twentieth century medical capitalism made bioethics itself a problem under new and disturbing conditions of life, mortality and being—as realistically depicted in *The Doctor's Dilemma* or, anticipated with more morbid and futuristic imagination—as in *Brave New World*. The First World War which chronologically separates two such texts, made the problems all the more burning: the qualities of "health" and "sickness" were no longer simply pathological, mental or spiritual, they rather became existential. On the one hand, the value of medical science as a progressive and benevolent enterprise grew

problematic with the technological advances and its ill-uses—cell-theories and electrographic measuring instruments seemed to depersonalize and fragmentize the holistic concept of health. Moreover, this entails in the process of medical caregiving a kind of "motricity"—to use a term coined by Lyotard—which has posed further challenges to the humane qualities related to medical ethics.[136] The intriguing aspects of literary bioethics in the early decades of the twentieth century, have shown little signs of alleviation in the present era of evidence-based medicine and growing difficulties in bioethics. The present-day need to understand the moral and psychosocial dynamics about healthcare and the doctor-patient relationship can also help to create a renewed awareness in literary texts with bioethical themes, and the ambiguous position of the modern doctor-figure therein.

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[136] By "motricity of the modern world," Lyotard means an auto-replicative technological advancement in which the machine has taken a life of its own—which postmodernism seeks to duplicate in an endless web of simulation.

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