

# The narrative approach in Bioethics

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## Abstract

Nowadays, the narrative approach in Bioethics is more and more considered and used. In our paper we would like to explain why – when we need to take a decision – it is essential and crucial that the patient tells his own history; we also indicate the main consequences that this approach has with reference to the choices at the bed of the patient.

## Keywords

Narrative approach, Bioethics, story, plot, narrative reciprocity.

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## Introduction

Starting from the title, I would like to offer my thoughts about the meaning of the words *narrative* and *Bioethics* as segregated concepts while offering a possible perspective when these two words are considered together; I will try to illustrate several critical points and indicate a possible positive relationship between them.

## Why “narrative” in Bioethics?

When we are not personally involved in a certain situation, it is hard to tell what it is right to do or worth doing, because we do not know the feelings and emotions that the situation itself elicits.

No one is ever born knowing what it is really worth in life. From a general point of view, we may affirm that each person is longing for something that we can call with different names and that recalls different ideals or values: happiness, accomplishment, salvation. A “desire” however is something really different than a “need”: while the first recalls something that seems to be promising but that does not consume in the promise itself, the latter requires to be satisfied and it gets exhausted after being accomplished [1].

The concept of desire materializes in the faces of our parents, friends, and spouse: they all show an idea of “good life” that the person acknowledges and that drives him in his decisions. The idea of “good life” brings along a promise: the sign of benevolence of the other does not exhaust the proximity between people, but it indicates a possible “path” to follow in order to commit one’s freedom by giving our own interpretation [2, 3].

In the hard process of building my own conscience, some mediations are needed between me and myself. Without the mediation of culture I am not in a position to understand what is good for me in life. This means that one gets conscious of himself and gets his own decisions thanks to his own feelings, the culture and the relationships with other people. What matters is to recognize the examples of “valuable life” around us: “the good life” is to be recognized and not *invented* or *created*. In this sort of recognition, the individual is deeply and thoroughly involved: it is not merely a question of rational topics. Everybody can perceive that an action is “good”, well before knowing the abstract reasons [4] of why we can repute it is actually a “good” one.

The only thing to do is to acknowledge the “good” that comes towards us and trust it; if one puts the “good” to test, he will lose it. The relationship between parents and children is a fair example; what other kind of pledge shall parents give their children as a good reason for bringing them into the world, besides their own lives? What can make my promise credible and trustworthy in the eyes of another person, if not my own existence and the narration of my own story? What really

matters about a promise? How can I really feel a promise is credible and trustworthy?

I believe that – at the very end – what really matters and lasts forever is the evidence of our own existence: nothing else than the narrative of our own story.

## Why do we talk about “narrative”?

People always feel the need to tell themselves: why?

When we tell the tale of our own stories, we are searching a meaning by drawing a kind of mattering map of our own life.

The existence does not longer appear as a sequence of unrelated or senseless events, but a thread of events which are related one to the other, a red thread which leads towards an aim and the fulfillment of our lives.

This is the reason why the tell of one’s story is so powerful: it does not tell a truth outside me, but it makes things happen [4]. My own tale tells other people something about me but at the same time, telling my own story enriches me and means something else to me as well. “One of the misconception that allows us to imagine that we could do without stories is that stories are nothing but a pale reflection of some set of “real” events that occur in the outer world. A better account views stories as performances – they act on the world to make things become true, rather than merely reporting external truths” [5].

In the plot of a tale, we overcome the distinction between objective and subjective elements: if we want to objectively report a story, we will definitely need to consider also the subjective experience of the characters. However, the objective plot of a tale can be perceived in many different ways by a reader since everybody has a different point of view and a different perspective; we could say that every tale is a teller’s tale.

The story of the patient is perceived by the physician starting from his personal point of view and his own categories; at the same time, the disclosure of a diagnosis is perceived by a patient in a certain personal way which is the consequence of his own personal stories.

The physician and the patient have a privileged relationship that we could describe as a tangle of stories and tales; they take their own decisions [6] within this horizon.

When the question is: “What should I do in your opinion?”, the answer should be: “Tell me

your story first!”, as saying: only when I know more about you, I’ll be able to support and help you in your decision making.

Four main elements of narrative prove helpful: *voice, characters, plot and resolution* [7].

The first element is the *voice* of who is telling the tale: the main character himself can tell his own story or his children can tell his story. It is important to figure out whose perspective the story is portraying so the questions should be: “Who is telling the tale?” and “From whose perspective are we hearing it?”.

Focusing on *character*, we ask: “Who is at the center of the tale?” or “Whose story is it?”. The *hero* of the story is not always the loudest voice in the room or, in the case of clinical ethics, the person who called the consult. We must consider if there are hidden or missing characters, and discover who they are. Sometimes for example nurses or other health care providers are not even considered or mentioned whereas in the actual situation they play a very important role.

Each story has its own *plot*: one might realize it when a severe illness twists or eventually breaks the plot of the tale. The plot is compared to the tick-tock of a clock. Each tick generates the expectation of a tock. Such tick-without-a-tock stories occur frequently in medicine: life does not flow obvious any longer, and the plot seems to lose its integrity. When it happens, we need to help revise the plot, restoring its integrity, trying to reassemble the mattering map and finding a meaningful next chapter even if that chapter might be the last one. Let’s ask each other what gives us the strength to still be narrative.

In the end we have the *resolution*, which is possible to identify as the solution of a problem. Resolving a difficult clinical ethics case is different from solving it, different from fitting together all the pieces of a puzzle; it is like progressing from a dissonance to a consonance, the consonance between the little personal story and the larger story of a family or a community. It isn’t a mere technical exercise and does not solve into a share: it is something more than that. What counts is to find a “common place” where to meet and recognize the “good” even if in a partial way. The framework for moral decision-making in narrative ethics cannot be nearly diagrammed into four boxes [8] or principles [9], but has to move fluidly among the interpretations and the stories reconstructed, moving in a dialectical relationship that demands some time.

This last part is about *narrative reciprocity* [10].

*Tell me my story*: each person desires and needs to listen and “receive” his own story, the other has an intent, he is the one that has to perceive the idea of an identity and narrate it to the other [11]. That means, that I recognize myself thanks to someone else’s narration. We can say that *we are the stories in which we believe in*, narrations that do attract us, drive us and in which we trust.

The story needs some time, it needs the wisdom to be told. The ethics consultant needs a good sense of when a story needs telling and when it isn’t yet ready to be told [12].

### The promising aspects

So, in the end the question could be: “What to do in this sort of situation?” and the answer must be: “Tell me your story!”. This approach allows to look at life not as an object of study but as a *detector of sense and meaning* [13]. Otherwise, saying that the meaning of life does not belong to life itself, we would risk to consider the sense of life as added to life. It recognizes that the action brings into play the identity of the doer. While taking care of the other, I take care of myself at the same time. Otherwise, how is it possible to explain the attention to the care of a wife to her husband, when he is the one that does not recognize her anymore?

### Critical issues

Narrative ethics has some critical issues [14]. When and why should we call a story *paradigmatic*? When we say that a story is a good one, we must be able to explain why we repute it good. We usually listen to stories with different endings: are all endings acceptable? Is it fair to tell the patient a story that he had not even thought about?

The deep dissimilarity between two different stories requires a special discretion, due to respect the differences. It is important that the discretionary power does not become free will or any story would be acceptable just because it is a story.

### Conclusion

It is necessary to think about “care” as a masterpiece [4]: it is not possible to know which is the right “path” to follow apart from a story: the map of life needs patience, humility and some creativity to place pieces together.

The moral behavior, as written in a biography, is similar to an artistic act: thinking about the last scene of a movie, the last act of a play, the last page of a book.

### Declaration of interest

The Author declares that there is no conflict of interest.

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