

***The Ethics of Care*, edited by Alan Blum and Stuart J. Murray, London: Routledge, 2017**

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In his Afterword to *The Ethics of Care*, co-editor Stuart Murray begins with a series of questions: “What might it mean to give care? Is it akin to a gift that is mine to give? Is it given freely, without expectation or need for reciprocation?” Toward the end of the list, he asks, “Or is it ultimately a form of benevolent narcissism?” Certainly, these questions address crucial issues in today’s healthcare and caregiving in general. In the institutional and political contexts, we are accustomed to think of care in terms of specific services, or the totality of services, provided to persons who need them. In the personal context, we tend to think of care in terms of motivation for helping acts; for example, a sense of duty, altruism, or compassion. We might base a philosophical conception of care on a number of sources, ranging from Adam Smith or David Hume’s notion of *sympathy* as the fundamental basis of morality to contemporary feminist care ethics.

The reader who picks up *The Ethics of Care*, a collection of essays edited by Alan Blum and Stuart Murray, will probably expect the authors to address many of these issues in a direct, straightforward manner. The book’s subtitle, “Moral knowledge, communication, and the art of caregiving,” supports this expectation. Nonetheless, *The Ethics of Care*, in all but a couple of chapters, seemingly approaches issues of caring as through a glass darkly. In his introduction, co-editor Alan Blum develops a rationale that explains the book’s unusual array of topics. However, before I consider this rationale, let me give you a taste of the book’s contents.

The Ethics of Care consists of three major sections. The first, “Institutional constraints, consent, and end-of-life,” contains three chapters that deal with informed consent, especially in the context of end-of-life decision-making. The authors review the historical background of informed consent, the right to refuse treatment, and surrogate decision-making. Diego Llovet (Chapter 1) considers cases in which surrogate decision-makers (e.g. family members) insist on continuing aggressive treatment when physicians believe it to be futile. Because the “family of the patient, who wants to preserve and prolong (the) life” is weak, and the “attending physician, who wants to terminate treatment” is strong, Llovet concludes that “informed

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consent gives medicine more control and authority over the situation of care” (53). I don’t see how this follows. If a physician overrides the family’s decision by invoking futility, doesn’t that constitute a breach, rather than a manifestation, of consent? In the following chapter, Philip Walsh applies Hannah Arendt’s distinction between “determinative judgment” and “reflective judgment” to the concept of informed consent. Informed consent is determinative because it involves making judgments by applying principles and rules. It “cedes little space or opportunity for reflective judgment,” which “operates via examples, and requires imagination” (70–71). Informed consent ensures self-determination or autonomy, but in end-of-life care this might not always be “the practical or ethical end that should be aimed at” (71). In these cases, reflective judgment might be the better faculty to guide action.

Each of the chapters on consent is interesting and well worth reading, but its connection to the ethics of care is circuitous, even though present at some level. For example, without changing a single word, these chapters could fit more comfortably in a book entitled *The Origin and Limits of Informed Consent, or Issues in End-of-Life Decision Making*.

The book’s second section is “Biomedicine, social services, and reparation in the postcolony,” and its three chapters deal with relationships between the postcolony—Canada, in this case—and its First Nations peoples. The chapter by Stuart Murray and Tad Lemieux presents a detailed analysis of the case of Makayla Sault, an eleven-year-old girl with acute lymphoblastic leukemia who chose to reject chemotherapy on the basis of a vision she experienced in which Jesus told her that she was healed. Supported by her parents, she then pursued indigenous medical practices administered by a traditional healer. While public opinion opposed her choice, the Children’s Aid Society (CAS) determined that Makayla did indeed have decision-making capacity and honored her refusal of chemotherapy. While this decision appears to indicate a high degree of sensitivity to First Nations cultural values, the authors argue against the idea that the state even has the right to *bestow* capacity. In this case, for example, the final determination was based on European concepts such as Makayla’s ability to understand her situation and make decisions based on her values rather than simply acceding to the values of her indigenous community. How does this relate to the ethics of care? I imagine the authors would contend that a robust conception of care would include respect for First Nations cultural values as a *sine qua non*, rather than filtering the case through a postcolonial institution such as the CAS—in other words, either not questioning Makayla’s decision or referring it to an indigenous authority.

David Lynes’ “Postcolonial negotiations” (Chapter 6) considers this issue from a more theoretical perspective. Lynes disputes Michael Ignatieff’s claim that negotiations between governments and Aboriginal peoples can be based on “equal respect and equally legitimate claims to the land,” even if conducted in good faith. He argues that since the colonizers obtained the land by might, rather than right, their claims are intrinsically less legitimate. This problem can only be resolved by undertaking negotiations in “genuinely creative and original ways” (130). The wording of Lynes’ conclusion is somewhat ambiguous, but I would have found it helpful for him to suggest some guidelines, or even a starting-point, for thinking about these “genuinely creative” approaches.

The final section of *The Ethics of Care* is entitled “Communication, ethical collisions, and the realities of care,” and it consists of five chapters on a mixed bag of topics. Alan Blum’s “End-of-life as a symbolic order” is a sociological analysis of the concept of aging, arguing that the contemporary narrative of aging as physical deterioration risks not recognizing the “real” problem of aging in modern life, which is being perceived as obsolete (140). This section also includes two chapters on psychiatry: one a discussion of Ludwig Binswanger’s

clinical epistemology and the other a critique of short-term psychotherapy. Their common thread is skepticism about diagnostic frameworks and categories in favor of a more individualized approach to psychiatric treatment, which presumably cannot be stuffed into a limited number of sessions.

Deborah Lynn Steinberg has written a very interesting chapter showing how today's image of a "good" cancer patient is created by marketing (Chapter 8). Using texts and images from Sloan-Kettering's marketing campaign, she demonstrates the message that "good" patients make rational, informed decisions about their care; they are defiant, willful, and tenacious, and most of all, they are brave. Being a good patient, according to this formula, leads to good outcomes. In summary, this type of marketing normalizes "a callous set of social values—that repudiate pain, ignore reality, deny death, and reject the 'failed'" and, thus, only "the cancer patient as culture warrior becomes a deserving life" (168). Steinberg concludes that such an image is "an extraordinary sham..." (168). I say, Brava! for her extraordinary chapter.

Han Zhang's "Rethinking the concept of care" (Chapter 11) addresses some of the issues I raised in the first paragraph of this review from the perspective of Confucian thought. He surveys representations of care as (1) social need, (2) individual responsibility, (3) the totality of services provided, and (4) the objective and subjective expressions of burden. The latter concept highlights care in the sense of "having cares about," or being burdened by, others' needs. Zhang formulates a Neo-Confucian conception of care based on a proper understanding of family and other relationships that "treats burden as essential rather than consequential" (223). I found his analysis quite stimulating and clearly relevant to the ethics of care.

My first reaction to *The Ethics of Care* as a series of essays that doesn't seem to cohere around "the art of caregiving" is partially assuaged by the framing narrative provided by Alan Blum in his introduction and Stuart Murray in his afterword. Blum develops a notion of care that "in the best sense must resist treating the situation in an automated manner by instead viewing the symptom (trouble that is presented by the other) as a text to be translated and not simply managed" (22). He notes that Murray's afterword "takes what we call neoliberalism seriously to task because he rightly sees such a doctrine as saturating and governing our relationships to care under contemporary conditions in ways that need to be challenged" (13). Thus, the framing narrative appears to be as follows: institutional caregiving in our society is governed by neoliberal concepts, like democratic values, ethical principles, and legal rules. This situation neglects the need for careful attention to communication and personal narrative in "the art of caregiving." In one way or another, every chapter in *The Ethics of Care* addresses the need to base "caring" on individual, familial, and community values rather than relying solely on neoliberal principles, like autonomy and informed consent, or metaphors, like "aging as obsolescence" and "cancer patient as warrior." Unfortunately, most of the writers sensitize the reader to these issues without providing possible solutions.

In summary, *The Ethics of Care* will be of special value to scholars and others interested in the political and institutional aspects of care, particularly how it is constrained, and perhaps deformed by, our liberal democratic principles. However, it is not the book for those who wish to delve deeply into care ethics or for clinicians and others who practice the "art of caregiving."