

The patient as “text” according to Ricoeur: bioethic implications

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Abstract

Paul Ricoeur argues that narration is lived life. Therefore, human experience has a narrative dimension, ie, it has a narrative structure and every effort you want to make for the human need to consider the narrative. For this reason, the text theory is converted to Ricoeur in a general model for the study of human action, since this is conceived as an open work to anyone who can read it. Given this general framework for discussion, we have deepened the notion of the patient as “text”, and described their richness for reflection of bioethics and medical act, rescuing the value of listening, prudence, responsibility and rediscovering a place for the principle of autonomy and casuistry.

Key words: Bioethics. Patients. Personal Autonomy. Narration. Ricoeur.

Resumen

El paciente como “texto” según Ricoeur: implicaciones en bioética

Paul Ricoeur sostiene que la narración es vida vivida. Por lo tanto, la experiencia humana posee una dimensión narrativa, es decir, tiene una estructura narrativa y todo esfuerzo que quiera dar cuenta de lo humano tendrá que contar con lo narrativo. Por esta razón, la teoría del texto se convierte para Ricoeur en un modelo general para el estudio de la acción humana, pues esta es concebida como una obra abierta a cualquiera que pueda leer. Teniendo en cuenta este marco general de reflexión, hemos profundizado en la noción del paciente como “texto”, y describimos su riqueza para la reflexión de la bioética y el actuar médico, rescatando el valor de la escucha, la prudencia, la responsabilidad y redescubriendo un lugar para el principio de autonomía y la casuística.

Palabra-clave: Bioética. Pacientes. Autonomía personal. Narración. Ricoeur.

Resumo

O paciente como “texto” segundo Ricoeur: implicações em bioética

Paul Ricoeur sustenta que a narração é vida vivida. Portanto, a experiência humana possui uma dimensão narrativa, ou seja, tem uma estrutura narrativa e todo esforço que queira dar conta do humano terá que considerar a narrativa. Por esta razão a teoria do texto se converte para Ricoeur em modelo geral para o estudo da ação humana, pois esta é concebida como uma obra aberta a qualquer um que a possa ler. Tendo em conta este marco geral de reflexão aprofundamos a noção de paciente como “texto” e descrevemos sua riqueza para a reflexão bioética e a atuação do médico, resgatando o valor da escuta, da prudência da responsabilidade e redescobrimo um lugar para o princípio da autonomia e para a casuística.

Palavras-chave: Bioética. Pacientes. Autonomia pessoal. Narração. Ricoeur.

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Ricoeur is one of the great representatives of hermeneutics and is also, although this has not been sufficiently highlighted, one of the great theorists of current ethics; his philosophy is ethics, is reflection on the moral life, from beginning to end, and is also hermeneutics, an hermeneutics emerges from the insufficiency of phenomenology, or a way to understand it¹. The Ricoeuriano thought, says Alzate², presents itself as a hermeneutic philosophy that intends to comprehend the being from the actions expressed in its existence, trying to recover while the ontic value of the person in his proper existential attitude.

Ricoeur parts of a phenomenology that is being qualified by hermeneutics, unlike what happens, for example, with Gadamer, who proposed a phenomenological hermeneutics³. Ricoeur, says Grondin⁴, shows that, if a hermeneutics without ethics is empty, ethics without hermeneutics is blind. The essential task of hermeneutics, Grondin continues, will then be twofold: *to reconstruct the internal dynamics of the text and to restore the ability of the work to project to the outside through the representation of a habitable world*⁵.

One of the major contributions of Ricoeur and the hermeneutic paradigm, as in Moratalla⁶, is revealed to have the narrative character of human experience, because the stories are part of our life, we are storytellers of ourselves; the narration is a way to make sense, to create images, to establish synthesis, and where there is sense - which can be multiple - may have ambiguity, and therefore there is hermeneutics. Ricoeur says that even *the narration is life lived*⁷; so if human experience is narrative, has a narrative structure, the rationality that human counts on has to rely on the narrative⁶.

This theory of the text is finally back to Ricoeur, as shown in Villaroel⁸, in a general model for the study of human action while meaningful action, because this is designed as an open book, open to anyone who can read, and therefore always endowed with a suspended significance and resisting to any claim of unequivocal encapsulation.

Ricoeur delimited the fundamental ethical tension by saying that it characterizes itself by the intentionality of the good life and others in fair institutions³ itself as in another found itself an ethicss⁶. *The whole phenomenon hermeneutic of Ricoeur is also up for Bioethics*⁹, says Alzate, and as it is not as strange to their hermeneutical questions, not only can talk, but as we must speak, a hermeneutical bioethics; *“Bioethics will be hermeneutics - hermeneutical bioethics - or will not be”* adds Moratalla¹⁰.

With the horizon that is opened to consider the question of Ricoeur, we want to emphasize in this work the notion of the patient as text, because we find that under a hermeneutical bioethics a greater understanding of each individual patient may be reached, placing the human person at center, not only of bioethical reflection, but of the medical commission. To do so, we will briefly mention the current context of bioethics, after a consideration of the patient as text, and finally the implications of that concept in bioethics.

The bioethics contextualized

In 1970, V.R. Potter, Dutch oncologist, has created the word bioethics seen as an ethics of life that would comprehend not only the actions of man on human life, but also animal and environmental¹¹. It is undeniable that bioethics had an extensive development since it was established as a science; however, this was not necessarily positive at all levels. The problem, according to Juan María Velasco¹², is in the profusion of ideas and theories not only contributes to the ethical enrichment, but may also lead to the confusion and lack of criteria for prioritizing specially the moral system, introducing uncertainty in decision making, with the risk of generating an empty bioethics of procedures without values to defend.

Already in 2000 the reductionist biomedical model existent, predominant in the comprehension of health, which for its in Cartesian deep inspiration, stimulated doctors to focus on this supposed body machine and forget the psychological, social environmental aspects of the disease⁸. From that, as Villaroel⁸, the need to rephrase a thought that could contribute to unlink the medical work from the manipulating profile that gives it its unique reduction to the mechanical practice corrective of specific organ dysfunctions. It is urgent, therefore, an integral vision of the human person, comprising the biological, psychological and spiritual dimensions also.

Despite this prevailing necessity, medical scientism fell into oblivion the “art of healing”, which is an essential aspect of medicine. It is not the object of this study to make an exhaustive description of medical ethics in the current society, but to be aware of the ethical misfortunes, the deviations of bioethics and deficiency of health workers who do not contribute to building a culture of life, contrary to a culture of death that leaves aside and forget real faces of people, among them are some who have, or cannot even express their voice and vote.

In response to this situation, was given an rapid growth of bioethics reflection that took contributions from various sources of philosophical thought developed throughout history. Recently, several contributions were made within the personalistic bioethics, which seeks that reflection not only have in mind the person, but applies this concept as architectural key of its anthropology¹³.

Personalism presents important news about the look of the human person, such as¹³: man as a unique individual subject, one who; the three-dimensional structure of the person, body, soul and spirit; autonomous characteristic, originating and structural nature of affectivity; interpersonal relationships; the primacy of freedom and love; corporeality, which includes sexuality, understanding men as male and female; and other traits as the narrative character of the person, among others. This last point fits the proposal of hermeneutics bioethics of Ricoeur.

According Moratalla⁶, there is a need for bioethics dare to take a leap to what we might describe as hermeneutic paradigm. The bioethics of the future needs to meet the hermeneutical approach can contribute, and have not only to be more complete and not leave out any tradition, but to respond justly, responsibly, the complexity of life and therefore death⁶. Urge, then need to set up an epistemological status of bioethics, says Alzate², from the contributions that ricoeurian hermeneutics offers, because the philosophical foundation of the French thinker emphasizes an ethic of solidarity, commitment, fidelity to the promise, the identity of a person wise, well-informed, who know and love make ethical decisions in the relations of alterity.

Currently we are still witnessing the attacks and mistreatment of human life in hospitals, hostels, orphanages and centers of research. This is precisely how Villaruel⁸, which makes the claim that it is possible to conceive bioethics in relation to a perspective of hermeneutical nature, advancing towards the place as the centerpiece of their argument, the notion of interpretation says.

Alzate² mentions that a bioethical practice is one that can be interpreted, ie, symbols, forms of action the doctor, the patient, and also the contemplation of nature and the ecosystem crisis. However, the narrative element of hermeneutics bioethics also points to the need for interpretation of the patient; search approach to the patient as a text that needs to be read in its entirety and scope in order to be fully understood.

The patient as text

The complexity of the human person can somehow find a parallel to the notion of text, because everything *is capable of being understood can be considered text: not only the actual writing of course, but also human action and history, both individual and collective, that are intelligible only to the extent that they can be read as texts*¹⁴ It must be well understood that the notion of “text” in no time leads to an objectification of the human person nor demeans their dignity; or rather sets a peculiar disposition of thinking in which one seeks to carry over from the just and definitive system of scientific reductionism that touches the being of man as the object of a positive knowledge or accurate, the differential end hermeneutics - based interpretive thinking - where proves the human from its intrinsic problematic condition, unfinished, tentative and unpredictable, reticent to any conceptual closure⁸.

If bioethics have to focus on the human person and not lose his gaze on her; must learn to see the patient as an open book that offers multiple pages which have to be read to give an opinion on their condition on their health. That is why the true healing art should understand the patient in his condition text, ie open and Multi-valued⁸ In reality human person, all that relates to its existence has meaning, his illness, for example, while human experience is *full of meaning*¹⁵. This fact implies that bioethics understood in a way the patient as a text; In fact, according Moratalla, medical ethics told over his story with these important insights, since human life is not only biological, but also biographical, and the disease they suffer and suffer themselves biographically¹⁶. So is the object of appropriation and interpretation, helping to create an original and unique experience¹⁵.

In health, medical science throws us with valuable data, without a doubt, but nonetheless, are given. There is always present the reality of the person suffering with a particular, unique and timely story. This biographical reality, historical, but at the same time the current patient, is where it gets great light on your individual condition and that describe possible solutions to cure their illness or reaching your health improves. We have come from, like Alzate affirms², the abstract reason to the narrative reason. No doubt the doctor has an endorsement on their technical knowledge, but the only revealing body that has as a reader to access this “text”¹⁶, is his own personal reality; by which it cannot but admit that the situation ahead of its counterpart, the pa-

tient. One interpretation, indeed the interpretation of their circumstances is not there always multiple.

The clinical histories are the best proof of the presence of narrative in medicine, as an effort to understand the patient and find a solution to their problems. The doctor notes that Imízcoz¹⁷ scientific writings cover only the description and explanation of a disease, while clinical history covers the reality of the disease, as this becomes something concrete, embodied in one person. Nevertheless, the disease is never punctual, is a process that lasts and requires to be counted, so the clinical histories are sought family history, previous symptoms, facts that may shed light on the current state of patient¹⁷.

The consideration of the clinical history, seen from a narrative perspective, rather than functional, allows the patient to see and be seen from a different perspective. The clinical histories are complex, it is because the reality of the patient is much more complex. The patient is a text to be read from beginning to end, with the greatest attention, relating its past with its present and envisioning the future, as this helps the reader to understand it and interpret it better.

This notion of the patient as “text” has direct implications on bioethics, we wanted to sketch as follows: listening to the patient, prudence, responsibility, and a better understanding of patient autonomy and casuistry in bioethical thought.

The “text” must be listened

The fact that the patient is seen as a text, tells us Villaroel⁸, which is synonymous with being sick in his words may emerge that must be drawn from silence, words whose mean is always multiple and are waiting for new interpretations decide its meaning, words, too, will be open to the many who can read them at all social levels that can provide a greater or lesser extent, health. Thus, the medical act recognizes the complex multidimensionality of human, which cannot be understood nor well explained if one does not include its breadth and plurality⁸.

On the other hand, if the patient is seen as text, the future physician should receive good training to learn how to develop your listening skills than the “text” means. Your training must include a humanistic dimension, in fact cultivated by reading texts that have to do with issues to doctors, but in general, that seeks to deepen in the literature. Thus, doctors often spend as many will think that the only thing to master is the scientific knowledge of his profession. The doctor will realize, then, that not

only are there diseases, but there are mainly sick, real people suffering from some disease.

Russo says that this training exercise in the narrative dynamic *is essential to grow in humanity (...) and may contribute to deeper understanding of the ability of the doctor in relation to himself and to others, and also more acute sensitivity (...) may help understand the complexity that also the experience of a man are physically present, and to realize that human pain is a much broader and difficult reality to explore the mere physical suffering*¹⁸. This training exercise has direct consequences in thought and bioethical reflection, as it will allow generations of physicians who in addition to being more attentive to patients through clinical history says that they are formed, may be more sensitive to the history of the patient with a specific disease that affects the face and reality their pain and suffering.

The listening skills developed by the physician grows along with the self-listening of the same text, which is understood to be narrated better yourself, because the narration is a key component in symptom expression and understanding by the patient⁶. About this Virraruel warns: hermeneutics is¹⁹ and the repercussions dialogue in bioethics is that this dialogue must be exercised effectively beyond purely descriptive positions that circumvent the problem of the relationship between observer and observed⁸.

You must make it clear that even though this very dialogue and holistic account of the patient’s condition, it cannot impose a negotiation of bioethical principles, including human dignity; human life always has to be taken as an absolute value.

Being closer to the “text” with prudence

According Moratalla, with Ricoeur bioethics ethics acquires consistency thanks to the level of prudence, bioethics is, and can not fail to be, a matter of prudential judgment, constituting the first level of medical practice⁶. Ricoeur lists three principles in this prudential level: the first precept refers to the uniqueness of each person in its irreplaceable character. The second concerns the indivisibility, that is, the need to treat the whole person and not in a piecemeal way, is to consider in isolation each body part, motivated no doubt by the specialization of medical knowledge, or unlink biological, psychological and sociocultural elements. The third is the esteem of himself, which refers to certain domain of yourself⁶.

According to Moratalla⁶, the prudential level the faculty of judgment applies to natural situations in which an individual patient is situated in an inter-

personal relationship with a particular doctor, and the kind of knowledge is none other than the actual practice of knowledge to the next exercise the profession, with a more or less intuitive character. So far we have seen that the bottom of the hermeneutic approach of Ricoeur there special care by the text. This is therefore one of the reasons why the category of text can be applied to the patient. First of all should be heard and now treated with caution, which includes considering its irreplaceable character, being indivisible and self-control as it should be treated. That is why Ricoeur called the covenant of care, the heart of bioethics ⁶.

The “text” requires responsibility

The dimension of care that originates with the prudence that this text has its realization in responsibility. Not true care without liability exists. That’s why even bioethics Ricoeur can be considered a dual perspective: clinical and therapeutic perspective y oriented research perspective, should focus attention on the therapeutic perspective, where bioethics is basically that discipline that have to do with healing and caring ⁶. There is no conflict in Ricoeur says Moratalla ⁶, between a hermeneutics of texts and an ethic of caring for others.

We start from that Ricoeur says: *making of my other similar such is the pretense of ethics regarding the relationship between self-esteem and even the request* ²⁰. Responsibility, whose truly cares for someone, considers other means as similar. I just cannot not respond to the other, as they say Belli and Quadrelli: *Should I take care of the Other because it is there in front of me, asking me for help and I have no choice but to answer your request for me to provide my own humanity (...) My responsibility to the one who suffers is called to give a permanent and to serve* ²¹.

The hermeneutic that is guided ethically, like Ricoeur, will have a distinct goal of making responsible decisions and ethical hermeneutics that originates there, in any of its variations, cannot help but always be an ethics of responsibility ⁶. The physician and health workers will actually be responsible for the patient, understood as text if they also discover for themselves the reality of text, open to be read and understood.

The passivity and the principle of autonomy of the “text”

As we have seen, the reading and interpretation of the text is a dynamic process in which they

intervene reader and text that come into ongoing dialogue; however, the text has a degree of passivity in the sense of waiting to be read and heard to be understood. This is directly related to the reality of the patient, because *the human being is not only one who is capable, who can; is also unable, what cannot, and we are all this mix of ability and disability, we are all made before putting ourselves doing and this is what makes us, in a sense, passive rather than active* ²².

And it is the recognition of passivity, contingency, graduations not power, suffering, finitude of our life, our inherent weakness or vulnerability, move to consider the reality of the human person as a network autonomy and vulnerability that must be considered as well if you want to say something meaningful ²³. As noted in another study: *the whole reality of human being, even in moments of greatest pain and anguish by the intense presence of evil and suffering, is filled with meaning when he discovers that is fragile and weak and therefore treat dismissing the experience of pain and suffering is impossible* ²⁴.

This passivity does not steal all the momentum it can get to be the “text”, but in bioethical reflection, consideration of that passivity becomes a filter of the principle of autonomy, as we cannot always do everything you want; for example, a pair of husband and wife is free to want to have children, but their autonomy cannot pass over the consideration that to have them have to employ means of assisted reproduction that include the death of several embryos in the process ²⁴.

The “text” and the casuistic

One of the big questions that did bioethics casuistry is excessive ^{25,26}. Feito ²⁷ describes some of the criticism as follows: first to be able to convert a mere decorative illustration and that does nothing for reflection; secondly, the difficulty that implies a deep analysis of the situation, when seeking different interpretations in a narrative dimension; thirdly, to adopt a case by case approach that can confuse when establishing universal standards about what is right and what is good.

Faced with this obstacle, leaving in its wake the hermeneutic narrative model, not only because it avoids the casuistry, but also principialist deductivism; advocates not so much the case, but the narration, ie, cases in context ⁶ To overcome the sample helps a lot in solving the cases present themselves from more than one perspective, as to be able to see other points of view contributes to a better and fuller understanding of the situation ²⁷.

You must undoubtedly meet the case, *but we cannot let the practical knowledge be transformed into the exception to the rule she 28*. The patient is a human being before being a case to be analyzed, which has dignity and values themselves who are absolute for his character of the human person.

Final considerations

The notion of patients as “text” is derived from the hermeneutics of Ricoeur bioethics is presented as a proposal to periodically attack the human person, requiring an ethical stance with such force that can face the philosophical positions or the actions or omissions that leave out in defense of human life from its conception until its natural end. The consideration of this notion has several implications for bioethics.

Firstly, the “text” is waiting to be read, to be understood. Here not worth reading the summaries of the text; those who approach the text with a poor attitude and little interest in him, cannot draw conclusions, know not account for the text, will never come to understand what the text actually meant. For this reason, listening to the “text” is required. This is the biggest implication in bioethics notion of the patient as text, with much more reason because the patient will have to be widely heard.

Secondly, we are faced with prudence. Required to reach this level of prudence than Ricoeur talks to be careful with the “text”, so that for this level of prudence is called the heart of bioethics. Through prudent physician and the health worker can discover the grandeur and complexity that contains the “text” of the care they require and therefore working with prudence. However, you can not work ethically without liability. Nowadays a patient is usually under the responsibility of someone, more like a client, as a “bed” to meet the most, or as a case to solve more than that as a “text” waiting to be read. Well understands his patient who was in

charge of it, who “read the full text”, who has been responsible for it.

On the other hand, while the “text” has a character of individuality and independence can not ignore your weaknesses, so it should from this reality if you want to say something meaningful. The text waiting to be read, autonomy does not lead him to decide to do anything, like the mighty, invincible and Plenipotentiary whole; true autonomy considers the passivity of “text”. No patient can lose their autonomy, but their reality is linked to the contingency of the human person, which takes into account the reading that makes the doctor, relatives and friends who give their opinion.

Finally, the notion of patient as text allows finding a suitable place for the casuistry in bioethics reflection. The hermeneutical bioethics examines each case and is open to multiple interpretations, but consider the patient as a human person, that before a single case to be analyzed, has dignity and values that are absolute.

We want to stress that the hermeneutical bioethics does no less and no less scientific objective the task and the bioethical thought. The possibility that there are multiple interpretations and plurality of perspectives, do bioethics “knowledge of the uncertain”, as Feito ²⁹, or better said, we think the value of hermeneutical bioethics is to consider the patient as text, as an open reality to be understood as not existing, would not have felt the presence of the player or his interpreter, in this case doctors and health workers.

Arriving at this point, we can launch here one question among many others, why would there be, then, a reader delete your text if your goal is to read it? Similarly, why would there be then a doctor to eliminate the “text” you have to read his life was devoted to the reading, analysis and intervention of “texts”? These and many questions begin to be clearer when notions such as “text” apply in bioethics, this concrete person who suffers and suffers from some kind of illness or disability.

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