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# Why the body matters: uses and abuses of the human body in modern medicine

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## ABSTRACT

**The last fifty years have seen an upsurge in both the number of ethical dilemmas confronting the medical profession and an interest in ethics in both lay and professional circles. The first editor of this journal saw the subject as critical for medical practice, though he did not suppose that the perfect day of medical ethics would ever dawn. Taking the human body as a focus, this editorial surveys three currently controversial areas of medical ethics in Singapore: organ donation, cosmetic medicine and the separation of conjoined twins. As always in ethics, there are no simple answers, but we can get a clearer view of the values involved by recognising that we are embodied persons and so a due respect for the human body has to be a central feature of all medical care. The perfect day of medical ethics still has not dawned, but we have perhaps made some progress over the last half century.**

**Keywords: conjoined twins, cosmetic surgery, embodiment, ethics, medical ethics, organ transplantation**

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## INTRODUCTION

The editorial of the very first issue of this journal was a commentary on “The changing state of medical ethics.”<sup>(1)</sup> The concluding sentences of that editorial are well worth quoting today:

*“The day of perfection in medical ethics may never dawn, but that should be no reason for us to indulge in the opiate of self-satisfaction, especially when the situation is far from happy.”*

Half a century later, as the current editor of the Journal has remarked, the topic remains more relevant than ever.<sup>(2)</sup> Dr Gwee Ah Leng, the editor in 1960, was concerned that the profession was falling into disrepute,

and he made a strong plea for professional commitment to the Geneva Convention Code, promulgated by the World Medical Association following the medical atrocities of World War Two. Issues of inappropriate advertising, medical misbehaviour and lack of justice in healthcare all concerned him, and he feared that if the profession did not take ethics seriously, it would find ethical restrictions foisted upon it by the public.

Today in Singapore, public interest in the conduct of the profession and the profession’s own struggle to find adequate and relevant professional standards remain powerful themes, as any regular reader of *The Straits Times* must surely know! The issues have also become much more complex over the past 50 years: the amazing technological advances in medicine and surgery have brought hope to many, but they have also raised a host of new ethical issues, concerning the limits to medical intervention and the professional obligations of doctors.

Moreover, today’s medical graduates face a far more informed and critical public than their predecessors, who practised in the days before the internet and in a social setting that emphasised medical authority and patient compliance. Today’s graduates have to be capable of understanding the moral complexities of the decisions they will face and they need to be able to justify to their patients and their colleagues why they adopt specific ethical positions – that is why the Yong Loo Lin School of Medicine has made ethics education a central feature of its revised undergraduate curriculum, designating it a “longitudinal track”, which is taught and examined in all five years of the course. “Ethical literacy”, as it has come to be called, cannot be regarded as an optional extra of medical practice: on the contrary, it is clearly one of its central features.

In this article, I make no attempt to survey the whole range of ethical issues that face today’s practitioners – a truly Herculean task! Rather, I have decided to focus on one theme: the significance of the human body in medicine. After a general introduction, I shall discuss

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in more detail three areas of concern that have come to the fore in Singapore recently: living organ donation, cosmetic medicine, and the surgical separation of conjoined twins.

### WHY THE BODY MATTERS<sup>(3)</sup>

Does the body matter? It may seem strange to be asking such a basic question! Surely it is obvious that in medicine, the human body is of central importance! Think merely of the frustration with bodily deterioration, which fuels the search for pharmaceutical solutions to sexual dysfunction, to cognitive losses and even to the ageing process itself. Or think of the modern obsession with bodily image that has led to a move from cosmetic surgery, initially developed to deal with severe disfigurement, to “aesthetic medicine”, devoted to a reshaping of the body according to customer demand and the fashions of the day. Perhaps the centrality of the human body in medicine is nowhere more obvious than at the time of death. From a medical perspective, the human dead body—or “cadaver”—is easily viewed in an impersonal way, as a source of knowledge of the causes of death or the effectiveness of therapy through autopsy, or as a source of benefits to others, through the “harvesting” of organs and tissue. Such an objectified view of the dead body is, however, a universe of meaning removed from the perceptions of the bereaved family of a dead person. For them, the body of the deceased represents all that they cared for and all they have lost. It was this disjunction between the scientific and the lay view of the dead body that led to the Retained Organs Controversy in the United Kingdom and in other countries, and to the controversy in Singapore, when the family of a potential organ donor objected strongly to the (legal) removal of his organs.

So what has led to this uneasy conflict between the medical and lay perspectives on the body? Part of the blame must be laid at the door of the 17th century physician and philosopher, Rene Descartes. According to Descartes, mind and matter are two quite separate and distinct entities. Since the perceptions of matter mediated by the bodily senses are prone to error and illusion, the mind has access to the true nature of matter only through the pure operations of reason, represented by mathematics. When applied to the nature of the human person, this philosophy creates a radical separation between mind; and body, viewing the latter as akin to a mechanism like a watch – the uniqueness of the person resides in the mind; the body is a mere container.

The power of this approach in creating the modern scientific medicine cannot be underestimated. It desacralised the human body, allowing it to be studied as one would any complex mechanism, without fear

of this being an affront to human dignity and without need of divine sanction. However, at the same time, it created a gulf between the scientific medicine and the awareness of patients of their own unique bodily being – as is often observed, it led doctors to see patients not as persons, but as exemplars of diseases. Leder describes the consequences of all this for modern medical practice:

*“The physician need not attend to the patient’s intentionality when he or she is conceived of as a physiological machine...Diagnosis and treatment seek to address the observed lesion, the quantified measurement, more than a person living in pain. The patient’s own experience and subjective voice become inessential to the medical encounter.”<sup>(4)</sup>*

The answer to this sad disjunction between medicine and the people it cares for is to foster a richer understanding than such Cartesian dualism. It means practising a medicine that sees patients not as depersonalised bodies, but rather as *embodied persons*. I am far from suggesting that adopting this stance is always easy, or that it provides some simple formula for solving the many moral dilemmas in medicine. But I do believe that it can provide a richer set of values against which we may debate some of the current uncertainties and controversies facing us, and I now turn to three such controversies.

### ORGAN DONATION

Proposals by the Minister of Health to provide reimbursement for living organ donation, which have now been implemented in amendments to the Human Organ Transplant Act, have provoked a lively debate in Singapore about whether a trade in organs could be ethically justified. The amended Act retains a total prohibition on trading, though some of its new provisions may make it more difficult to draw the line between reimbursement and inducement.<sup>(5)</sup> But why is selling one’s kidney (or any other body part not essential to survival) ethically wrong?

The most common argument against a trade in human organs is that it is inherently exploitative – the poor are always the sellers, middle men cream off vast profits, and the welfare of the seller is severely jeopardised. This is a powerful argument, strongly supported by the World Medical Association, the World Health Organisation and many other professional bodies, though some philosophers have argued that exploitation can be prevented.<sup>(6)</sup> However, a more fundamental objection concerns the status of the human body itself. If we are embodied persons, then we cannot view our body in the same way we view our disposable property, our car, house or CD collection.

Making the gift of a bodily part to save the life of

another is a non-selfish altruistic act, an honouring of our bodily existence. But treating our body parts as material assets to be sold at will or as necessity dictates is a demeaning of the bodily self. Again, not all would agree with this view. However, it is not clear how the person happy to commodify the body will draw a line in trading – is it all right to sell a hand, a limb, an eye, if the price is right? One can, after all, survive without any of these, and transplantation of the hands and or limbs is now becoming an established procedure. Thus, setting an understanding of the embodied nature of persons as a central value in medicine provides a barrier to the ever-increasing role of the marketplace in determining how we interact with one another morally. A trade in organs is not only exploitative: it is, in principle, wrong.

### COSMETIC MEDICINE

What, then, of the exponential growth in the market for cosmetic medical procedures?<sup>(7)</sup> Is this another example of the market calling the ethical shots? Have some doctors simply changed themselves into highly trained beauticians? There are, of course, the issues of competence and safety in medical cosmetic procedures, which must apply to every medical procedure, and these were recently dealt with by requirements from the Singapore Ministry of Health. However, the deeper question concerns the values inherent in the rise of what is now re-branded as “aesthetic medicine”, implying an artistry well beyond the remedies for severe disfigurement with which cosmetic surgery began. In this ever more popular “makeover” approach to our bodily shape and external appearance, the body has become like a garment, an adornment to be altered and embellished according to the current dictates of fashion. Something strange indeed has happened to the embodied self in the promised land of cosmetic medicine! Now the person ages, but the body remains youthful; the person experiences pain, worry and laughter, but the lineaments of these experiences are wiped away by a medical treatment that smoothes every wrinkle and restricts facial expression to prevent new lines on the skin; mortality, individuality and vulnerability are concealed by the artistry of the purveyors of “the perfect body”.

Yet—one may reasonably ask—why should doctors not specialise in this aspect of medical work, if they are properly qualified to carry out the procedures and if they are not making false claims or failing to gain fully informed consent? After all, they can be seen as helping people to gain more self-confidence and perhaps to find better social and employment opportunities, thus providing a form of therapy.<sup>(8)</sup> But how convincing are these claims to be fulfilling the ends of medicine, a

practice dedicated to the relief of suffering and to enabling people to overcome or mitigate the destructive effects of disease and disability? The problem is that cosmetic medicine presents us with a fundamentally deceptive picture of what it means to be human, in which beauty is portrayed as a purchasable product, an artifact. Worse, it seems to suggest that somehow, by conforming to these images, we will find fulfillment in our lives. In his wise and witty critique of American medicine and American values, *Better Than Well*, Carl Elliott has captured the remorseless logic behind the beauty industry:

*“The problem is not just that certain people’s looks don’t meet the standards of the culture, but also that the underlying social structures demand so much of self-presentation. In America, your social status is tied to your self-presentation, and if your self-presentation fails, then your status drops. If your status drops, then so does your self-respect. Without self-respect you cannot be truly fulfilled. If you are not fulfilled, you are not living a truly meaningful life.”<sup>(9)</sup>*

Clearly, Elliott’s critique applies far more universally than to America alone. In success-driven cultures, appearance will always carry an undue social weight. We can hardly demand of the medical profession that it try to reverse such powerful social forces in the name of a truer picture of the embodied self! At the same time, the profession needs to be constantly querying the moral values, which its practices enshrine. It is no part of the profession to foster discrimination and prejudice, and here, some of the implicit social values of the cosmetic industry as a whole may be eroding professional values. Nose shapes, for example, are associated with racial prejudice; the boyish body of current female fashion seems to reflect a rejection of the motherly image associated with ample hips, and can contribute to the fatal disorder of anorexia; the desire for a whiter skin is a sad reflection of how notions of inherent racial superiority linger on in this postcolonial age. Cosmetic medicine may ensure, more drastically and permanently than diets or other beauty treatments do, that the body conforms to the prejudices of our age. If medicine has become a part of that discriminatory structure, then something central to its claim of being a profession has been lost.

### SEPARATION OF CONJOINED TWINS

I turn finally to the tragic situation of persons whose bodies are physically joined together from birth. The issues have been highlighted in Singapore in discussions about whether a Singapore surgeon should operate on twin girls from India, aged five years, who are joined at the head. There are no simple answers to such a

dilemma, and circumstances vary so greatly from case to case that generalisations about whether such a thing should be attempted are inappropriate. In some cases, it can be a matter of life and death, since one twin is threatening the survival of the other; in other cases, the technical difficulties are not major and the chances of a good outcome for both twins seem high; other cases again entail the likely demise of one or both twins, or at least severe damage to one. In this particular case, it appears that there may be major technical difficulties and possible hazard to at least one twin's cognitive outcome. So how in such difficult cases can the right decision be made? There are some obvious issues to be cleared up first: expert international opinion must be sought on the likely outcomes in this particular case; the competence of the whole medical team must be beyond doubt; the surrogate decision-makers for the children (the parents, in this case) must be fully informed of the risks of surgery, the possible outcomes and the postoperative rehabilitation and long-term care that will be required; and those agreeing to carry out the procedure must themselves have evidence that the parents will have the resources in the future to ensure such care is provided.

However, the most difficult questions remain: As the twins are too young to provide their informed consent, the "best interests" criterion must be strictly applied. Parental consent alone will not suffice in such extreme cases, if the balance of harm over benefit is in doubt. But is separation in the twins' best interests? The Singapore Minister of Health questioned this, when he stated in a recent speech, after pointing out the very poor outcome statistics for such operations:

*"Although life as a conjoined twin would appear to be intolerable, there are conjoined twins who have progressed to adulthood. Thus, in some situations, it may be better not to operate on these patients. To change the course of nature may do more harm than good."*<sup>(10)</sup>

Normally, in situations of such doubt, we would want to know the patients' own wishes, but it would be very difficult to find out what the twins, Vani and Veena, themselves would wish, given their young age. However, it is notable that the majority of conjoined twins who have survived to adulthood say they would not wish to be separated, and many have managed to live full lives, which have included sexual relationships, travel and other fulfilling activities.<sup>(11)</sup> Clearly, the obstacles to living a normal life that such persons face are massive. Those of us who have all the benefits of individual privacy and individual mobility, leading to free choice of action, would find it almost impossible to imagine what it must be like to be permanently joined to another person's body.

Yet it seems that such lives can flourish and a very special relationship can form between such twins. It is easy, then, to see what a great sense of loss a person can feel if they are separated from their twin.

Here again the concept of "embodied persons" may be helpful in seeing the moral dilemma more clearly. For conjoined twins, embodiment is a *dual* existence. Of course they have individual personalities and can maintain the privacy of their own thoughts and feelings, but at the same time they have an inevitable physical intimacy, which has simply become an aspect of who they are. We cannot, in Cartesian mode, treat them as though they were only minds or pools of consciousness. That is why their best interests might be served by not changing the course of nature (as the Minister put it), but rather, seeking to maximise their welfare and their fulfillment in their conjoined state.

On the other hand, we must beware a romanticisation of this physical state. There will be cases where the balance of benefits and harms clearly lies on the side of surgical intervention. An obvious example of this is when both twins cannot possibly survive in the conjoined state, and the tragic choice must be made to separate them to save the life of one. Perhaps, too, very early separation, before the twins have begun to develop a full awareness of their intertwined state, may mitigate the trauma and loss caused by separation. But the choice will always entail a difficult balancing of good and bad. Wasserman sums this up well:

*"That choice should...be made with the understanding that a decision either way may engender profound regret: that twins who remain conjoined may lament a constricted and even tormented childhood, while twins separated in infancy may come to regard their surgery as a cruel amputation, the loss of an intimacy greater than they can achieve as singletons. The separation of conjoined twins should not be seen as their liberation, but as a course of action fraught with difficult trade-offs."*<sup>(12)</sup>

## CONCLUSION

In this brief survey of three controversial issues in medical ethics, I have sought to show how medical practice can be truly ethical only when it perceives the wholeness of the patient, as an embodied person, not merely a repository of interesting symptoms. I do not claim in any way to have "solved" the problems that confront us. Like the founding editor of this journal, I doubt if the day of perfection in medical ethics will ever dawn! But I do believe that we may be happier with the state of medical ethics today, 50 years after he wrote his piece, though certainly not complacent. The public is now much more fully engaged

in the difficult issues faced by the medical profession, with widespread debate in the media. At the same time, the quality of advice available to ministers is high, through the careful work of two national committees: the National Medical Ethics Committee and the Bioethics Advisory Committee. Moreover, today's medical graduates are increasingly well trained in medical ethics and ethical training continues post-registration under the auspices of the Singapore Medical Association. Of course the ethical dilemmas will remain – indeed likely increase, as technology further complicates our choices. Today, however, we are perhaps ready to take a more reflective, flexible and rounded view of how to implement the ancient dedication of the profession, ascribed to the 12th century physician, Maimonides: *“May I never see in the patient anything else than a fellow creature in pain.”*

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