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Recommended Citation
Maher, D. P. (2015). A Review of "*The Anticipatory Corpse: Medicine, Power, and the Care of the Dying*" by Jeffrey P. Bishop. *Perspectives on Political Science* 44(4): 261-265. https://doi.org/10.1080/10457097.2015.1010927

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Perspectives on Political Science 44 (2015): 261–65
Book review by Daniel P. Maher

Jeffrey P. Bishop
The Anticipatory Corpse: Medicine, Power, and the Care of the Dying
Notre Dame, IN: University of Notre Dame Press, 2011

"There is something rotten at the heart of medicine" (22). This charge, while hardly new, may bear added weight because its author, Jeffrey Bishop, is himself a physician. Then again, maybe not. For, in Bishop's understanding, the kind of thinking in which physicians are professionally trained blinds them to the nature of their own activity and leaves them and the rest of the medical establishment thoughtlessly drifting toward a practice of medical care(lessness) he does not hesitate to call totalitarian. An intrinsically flawed medicine, he argues, cannot be fixed by becoming more thoroughly and successfully scientific, nor by adding generous doses of humanistic supplements. The problem is "built into the very way that medicine is currently structured" (286). Habits of mechanical and instrumental thinking, which lend curative powers and thereby prestige to physicians, also constrict, inhibit, or even stifle the physician's self-knowledge. "Medicine gives no thought to its metaphysics; it might even deny having one" (21), and so Bishop must question medicine, "perhaps in the same way that doctors question the bodies and psyches of persons suffering disease" (95). And this questioning is a "dead gaze" working violence on the body of the sick (53).

> On the medico-scientific view, objects that have been categorized are exhausted, without remainder. Knowing, then, is a violent act; it is intimately tied to power and, as such, is a political act. Knowledge is the power to subject one's object to one's categories, and it is the power to control, to bring about the effects one desires in the world. (92)

All of this makes one wonder whether self-diagnosis is possible: does not the charge itself recoil on the accuser and disqualify him from speaking to us about what medicine is and should be? If medical training corrupts and corrupts thus, how could the physician heal himself?

In this respect, a troubling ambiguity persists through this book. Just as Bishop wants to write both for the medical and the non-medical audience, he also wants to claim both the authority of the physician, who understands medicine better than the rest of us, and that of the non-physician, that is, as one not afflicted with the ills he diagnoses. One third of the way into the book Bishop writes, "Medicine is a good, but of course it is not an unqualified good" (95). "Of course" is the non-physician speaking; no one who gives the question a moment's thought could fail to see that medicine is a qualified good. And yet in the opening pages he writes, "Medicine is a good in Western society. Those of us who are engaged in the practices of the good of medicine—especially in light of the status that medicine has achieved—think of ourselves as practicing a good that is virtually unqualified" (19). With misplaced self-satisfaction, physicians are uncomfortable "questioning our motivations and what lurks hidden beneath our practices." Physicians, then, cannot see what is "of course" true about their own professional activity, but Bishop has seen it and seen fit to provide a supporting argument (286) to help reveal the obvious. And he seems to think all or most of us share enough of this thinking that we need to be similarly relieved of the limits of our understanding.

> It is virtually impossible to think about how to solve any problem in medicine without our thinking becoming almost immediately mechanical and instrumental. We already live inside a way of thinking that prevents us from thinking differently; not that thinking differently is impossible, it is just difficult. (19)

It seems necessary to ask, "What do you mean *we*, Kemo Sabe?"

Bishop himself overcomes the limitations of a physician's training with the help of Foucault. "Foucault is essential to my methodology" (29), and Foucault furnishes the main thesis of the book,

which, in one formulation, runs like this: "in medicine the dead body is the epistemologically normative body, and medicine's metaphysics is one dominated by efficient causation—the animation of dead matter" (22). For nine of the book's ten chapters, Bishop engages in Foucault-inspired genealogy and archaeology of modern medicine in its formative history and its contemporary societal or political constitution. The first nine chapters are divided into three sections by "transitions" Bishop places between chapters two and three and between chapters seven and eight. The first two chapters deal with the historical origins of medicine's focus on death in the eighteenth and nineteenth centuries. Beginning in chapter three, Bishop shifts forward to consider present-day medicine as imbued with the mechanical view of life and death (especially in relation to medical care in the ICU, criteria for diagnosing death, and the practice of post-mortem organ transplantation). And then in chapters eight and nine, he transitions to examine how the ancillary aspects of contemporary medicine (e.g., psychological or pastoral care) and the efforts to improve medicine (through, e.g., palliative care) have been degraded by their absorption of the scientific standards dominant within modern medicine (26).

In the tenth chapter, Bishop turns from diagnosis to therapy, in which context he finds Foucault less helpful. There one sees pronounced affinity with the thought of H. Tristram Engelhardt, specifically with regard to the failure of reason to unite "moral strangers," which must be remedied by local communities with shared moral, metaphysical, and even theological views. "It might just be that the practices of religious communities marginalized in modernity and laughed at as unscientific are the source of a humane medicine" (313). This more humane medicine would be non-ecumenical. Medicine must give up its "claims to universal techniques of assessment in physiology, psychology, social situations, and spirituality" (310) in order to be a richer and more complete response to the call of the suffering other. To recognize that call and respond to it rightly, "One would have to be immersed in and to believe in the metaphysical commitments of a particular community at a given time and place" (311–12). The key to all of this is that medicine cannot be remedied by addition but must be replaced by a new medical thinking never afflicted by the constricted metaphysics of efficient causation.

As provocative and interesting as it might be to pursue the content of the final chapter, the first nine chapters are the heart of the book, not the final chapter, which is replete with qualifications and hesitations. About that heart of the book, it seems necessary to observe that Bishop's conclusions are for the most part better than his argument. As Bishop contends, modern scientific medicine has absorbed a metaphysics that admits only material and efficient causes and denies or ignores formal and final causes. (On that score, Bishop's own account is deficient in his failure to recognize the distinction between natural ends and conscious purposes.) In the first chapter, Bishop uses Foucault's *Birth of the Clinic* to trace the "mutation" (58) of modern medicine as far back as the late eighteenth century, when medical clinics recognized the motionlessness of death as more intelligible than the moving flux of life. The emerging emphasis on anatomy (as the analysis of mechanical structure) and on autopsy (as the investigation that makes most clear the internal character of the once-living being) means that physicians come to size up their living patients by reference to corpses.

> Thus the techniques of the clinic elicited what could only have been known definitively through dissection of the body. The analytic technique acts in the same manner as the autopsy. Both reveal disease; the violence of the penetrating gaze is an analogue to the violence of opening the corpse. This new normative object, the dead body, comes to represent the patient's living body, claims Foucault. (55)
>
> In a way, the dead body becomes the measure of all bodies, living or diseased. (59)

In the second chapter, still relying on Foucault's analysis, Bishop examines how the clinic matured under the influence of experimental physiology and statistical medicine, both of which, he argues, understand life as non-living matter in motion. Physiology and statistical medicine are competing approaches to the common enterprise of making medicine scientific in the modern sense (85–86).

Bishop makes effective use of text, especially from Claude Bernard, to support his thesis about the epistemological priority of death to life, but his own argument, some of the time, makes it clear that this is but a symptom of a more fundamental innovation. That is, the *cause* of the problems Bishop explores is the character of modern science, which is something he leaves all but unexplored. Sometimes Bishop admits the centrality of science: "Medicine, as a social practice, accepts the metaphysics of modern natural sciences and becomes the 'standard bearer of western metaphysics'" (93, cf. 20 and 117; the internal quotation is from Eric Krakauer). On this interpretation, the abandonment of Aristotle's metaphysics (204), that is to say, the rejection of formal and final causes in favor of material and efficient causes, which Bishop identifies as implicit in medicine and as responsible for the notions about life and death embedded in contemporary medical practices (19), does not originate in medicine itself. And the trouble begins when medicine embraces the standards of modern science. Indeed, when Bishop criticizes palliative medicine, pastoral care, and related aspects of the contemporary medical establishment, he often identifies the drive to meet scientific or social scientific standards as the cause of serious problems.

If medicine absorbs a metaphysics it did not devise, and if that metaphysics gives rise to contemporary medicine's constitution and its present problems, it seems necessary for Bishop to give serious consideration to the epistemology and metaphysics crafted by the founders of modern natural science. Unfortunately, Bishop also writes as if the difficulties originate within medicine itself.

> In this book, I shall claim that the practices surrounding the care of the dying in our time are built upon this metaphysics of efficient causation, and that *this metaphysics became possible precisely because medicine's epistemology became grounded on the dead body*, understood as an ideal-type. (21, italics added)

If we take this formulation seriously, an epistemological standard within medicine made possible the deficient metaphysics that has spread so far and wide.[1] In another passage, Bishop states that his book "is an attempt to explore how our social understandings of death come to structure medicine" (8), as if it were rather societal changes that changed medicine. In most of the book, Bishop proceeds as if the heart of the problem is proper to medicine. Occasionally, he nods in the direction of a more fundamental origin in modern science. For example, in one passage he attributes the decisive break with Aristotle's unified four causes to Isaac Newton, but his account of this, for which he seems wholly dependent on the interpretation of the "radical orthodoxy" author Simon Oliver, is underdeveloped and unpersuasive (65–66).

Arguably, the phenomena Bishop identifies can be seen in their causes and, therefore, much more clearly in Descartes, who, along with Francis Bacon, sets out to discredit Aristotle's philosophy of nature and to articulate a new understanding of a mechanical nature, purged of formal and final causes, which was then embraced (as Descartes intended) by medicine as it became scientific in the modern sense. For example, in his *Meditations*—which he understood to present the foundations of his physics, the principles of which would destroy those of Aristotle—Descartes discusses how he naturally conceives of the human body as a mechanism: "Well the first thought to come to mind was that I had a face, hands, arms and the whole mechanical structure of limbs which can be seen in a corpse."[2] (This sentence

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[1] Bishop presents George Engel as holding that science itself is not reductive, but medicine became reductive under the influence of Christian dualism (234). Bishop himself argues that medicine's dualism of person and bodily machine is "a more subtle form of dualism than any Christian dualism of body and soul" (183). This still does not make clear whether Bishop agrees that the troubles originate within medicine itself or in modern science generally.

[2] *The Philosophical Writings of Descartes*, vol. II, translated by John Cottingham, Robert Stoothoff, and Dugald Murdoch (Cambridge: Cambridge University Press, 1984), 17. The quoted text belongs to a rhetorically complicated description (during the second meditation) of what Descartes used to believe. The conception of bodily nature that emerges from the conclusion of the text is cognitively stripped of

appears tailor-made for Bishop's interests.) Descartes refines this view as he clarifies his conception of material nature, ultimately concluding that the vital motions of the body can be accounted for mechanically, without reference to *soul*, a move that inaugurates the modern science of biology. Much more could be said about Descartes in connection with Bishop's central concerns, and all of it would help to make clear that what Foucault describes (and Bishop adopts wholesale) is not a matter of historical accident or "discontinuity" (58), but rather the fulfillment of a project initiated by people like Bacon, Descartes, and Hobbes. To ignore that, making only superficial reference to Bacon (18) or Avicenna and Newton (59), is to miss an opportunity to clarify the nature of the issue in its roots.

Moreover, if the problem with medicine stems from a shrunken metaphysics or epistemology that is communicated through the standards of modern natural science, it would seem that the remedy would be something along the lines of what Leon Kass once called "a more natural science." But Bishop appears to preclude this possibility. For, although he regularly complains about the banishment of formal and final causality from nature or metaphysics, he also makes dogmatic pronouncements indicating the impossibility of their recovery, such as his claim that forms and first causes "are not approachable by the human mind" (90) and that "the concept of a soul is no longer possible for a secular medicine" (166). Both of these quotations anticipate Bishop's ultimate conclusion: medicine needs revelation. Bishop's rejection of the intelligibility of *soul* ignores the Greek and Roman precedent of a secular, biological conception of soul, and it seems also to be an instance of a claim he makes more generally: "metaphysical consensus in our society cannot be reached" (190). This pronouncement is particularly difficult to interpret in view of the fact that Bishop argues at great length that a specific conception of metaphysics has been embraced by all parts of contemporary medicine, as well as by the Catholic Church (210–11), American law (167), and apparently society as a whole (see 8, 15, and 18).

Bishop devotes nine-tenths of the book to diagnostic critique. The central theme of that critique is the understanding of life and death, and yet it remains unclear what understanding of life and death animates the critique. Bishop not only denies that there is a "bright line" between life and death, each of which is a "state of flux" in the body (193) and both of which include decay (223; cf. 59), he also says, "life and death have fluid rather than static borders, and these boundaries are political—biopolitical—and not clearly metaphysical boundaries" (204). Bishop devotes a great deal of text to analyzing and dismantling the efforts to define death in relation to brain criteria, the practice of post-mortem organ transplantation, and the role of autonomous choice in determining that one is dead or should be killed. He is repeatedly and unaccountably imprecise in his use of language during this discussion. For example, when he introduces the problem of defining death, he says that, prior to the new technologies, definition was simple: "The cessation of all spontaneous cardiac function and of breathing defined death" (144). There is no qualification here that the cessation be permanent, and there is no mention of the notion that death is more fundamentally the ceasing to be of a living being and that permanent cardiopulmonary cessation signifies that such death has occurred. Precision on these matters is important not only on the merits, but because Bishop charges others with locating death in the brain, even those who took great pains to avoid that position (see below). Bishop argues that confusion or ignorance within medicine about the nature of life and death has led medicine to "absurdity in language, uncanniness in practices, incommensurability in both language and practices, and incompatibility of goods" (183). His indictment of contemporary medical practices and the thinking that animates them, especially in relation to the determination of death, dead-donor organ transplantation, and Schiavo-type cases, is unstinting. And he is no doubt right that incoherence can be found in many places, but if that incoherence is as unavoidable as he suggests,

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formal and final causes, knowable with certainty only in its quantitative dimensions, mechanical in its motions, and neutral with respect to distinctions between health and disease. Descartes anticipated that this conception of nature would lead to medical power (see the sixth part of his *Discourse on Method*). What Bishop shows us of Bernard is Cartesianism in its medical infancy.

what is the point of view from which it is discoverable? The logic of his argument seems to be that medicine embraced death as epistemologically prior to life, but, because death has also been understood as the absence of life or of the person (which he regards as producing an "insoluble difficulty" (183)), medicine has got itself all bollixed up. Bishop does not help the reader substantively engage the most fundamental issues he comes up against; the majority of the book is taken up with critique of the flawed understandings he finds in others.

The best of this critique is Bishop's analysis of the efforts to humanize medicine by the addition of ministrations offered by psychological, sociological, and pastoral experts, who, armed with data sets and scientized assessment strategies, aim at comprehensive, efficient, and effective management of the ill person. Just reading this makes one's skin crawl. Still, unless one is familiar with Bishop's sources, it is prudent to reserve judgment, for, in some cases, he does not refrain from bending them to fit his analysis. For example, in his analysis of the 1981 report *Defining Death*, produced by the President's Commission for the Study of Ethical Problems in Medicine, he interprets the commission as holding, "death itself is in the brain" (165). Despite their clear efforts to insist that there is only one kind of death, the death of the human being, which the report glosses as "the collapse of psycho-physical integrity" and which is not the death of cells, tissues, or organs,[3] Bishop says that, on the basis of their recognition of the primacy of the brain in the interrelated systems of heart, lung, and brain, "it stands to reason that the commission considered the apex of the physiological triangle—namely, the brain—to be the space where life and, in its absence, death reside" (166). Quite apart from whether one accepts their analysis and whether one finds their position cogently expressed, the commission is not fairly treated here. In another case, Bishop misstates Catholic teaching on end-of-life care, where he claims that the traditional teaching identifies specific technologies as "ordinary" or "extraordinary" means (210). At the same time, he ignores the qualifications that he quotes and consequently mis-reads John Paul II's famous statement on artificial nutrition and hydration as a "life-at-all-cost mentality" (208). Bishop swiftly finds faults in others that support his general argument, sometimes at the price of precision and accuracy in reporting their views.

By way of conclusion, let me consider one more quotation, which provides occasion for noting four disparate features of this book. At the beginning of the tenth chapter, Bishop writes,

> My point up to now is that the social apparatus of medicine molds and shapes, indeed, subjects students to the normative stance of a biopolitical regime, in which the health of the body politic becomes the object of medicine's inquiry and its domain of management. Death's dominion becomes medicine's dominion. (285)

First, regarding content, Bishop has a general interest in how political authorities shape medicine's practice, e.g., in the sense in which the rise of statistics in medicine contributed to making health or public health a political issue and the sense in which the medical school is a "political space" (85). Nevertheless, despite what might be suggested by this kind of language, he gives no consideration to, e.g., the Affordable Care Act as asserting state interest in and authority over the provision of health care.

Second, regarding style, Bishop has a penchant for dramatic formulations, but those formulations often do not withstand scrutiny. The pace of the writing is brisk, and the piling up of clever flourishes tends to get in the way of clarity and to degenerate into word play: "Lying hidden before the eyes of the surgeons, nurses, transplant coordinators, and support staff is the patient, who both is dead and is being kept alive" (177). When referring to the human body, he readily equates *living machine* and *dead machine* (146), which diminishes the significance of each phrase. In some cases, Bishop takes himself to be exposing confusions or contradictions embedded in the thinking or practices of others, but unless one

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[3] See President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, *Defining Death: Medical, Legal and Ethical Issues in the Determination of Death* (Washington, D.C.: U.S. Government Printing Office, 1981), 56–58. The report almost always uses the phrase *brain death* in quotation marks.

replaces those confusions with something clear and illuminating, the predilection for oxymoronic formulations wears thin, especially when the writing occasionally issues in (apparently) unintentional contradictions. For example, after he states, "Patients die to become donors; donors do not die," he goes on to refer to "the death of the donor" (184). This does not amplify meaning by illuminating complexity and ambiguity; it communicates carelessness and imprecision. (Compare the corrected repetition on 64 of the confused formulation on 59.) Also, when discussing people like Claude Bernard, who deny the reality of both life and death (76), the claim that physicians cause death in order to know or preserve life hardly captivates. Nevertheless, it remains difficult to understand how Bishop can say, "The purpose of the physiologist is not to find life," and, on the same page, "the whole purpose of these experiments in physiology is the understanding of the complicated motion of animal matter, that is, life" (90).

Third, in the passage quoted above, there is some slippage between the notion that medicine turns on the dichotomy of health and illness and the notion that it turns on the dichotomy of life and death. For the first nine chapters, Bishop presents a medicine focused almost exclusively on life and death, which, admittedly, enables one to make clear certain fundamental relationships, but, as is well known, also distorts medicine, especially because it positions the doctor as master of life and death. Bishop exploits this distortion and identifies some genuine confusion in medical thinking, but he does not examine whether it was reasonable for him to aim his critique at an understanding of medicine essentially focused on life and death rather than health and illness. Only in the final chapter does he shift emphasis to the phenomena of health and illness, which makes it easier to see medicine as a more humane enterprise.

Fourth, the reference to "students" reveals how systematically physician-centric this book is from front to back. Bishop is not primarily concerned with the life and health of people, in which the physician plays a marginal and subordinate role. Bishop thinks about medicine as experienced by the physician. He regards the physician and the physician's thinking as determinative; the physician wields epistemological and political power over the patient, who becomes whatever the physician conceives him or her to be. Bishop sounds the alarm upon having discovered that physicians have an impoverished view of the lives of patients, and "hesitantly" he suggests a solution:

> With a more careful attunement to fully embodied life, could medicine strike a more humble pose toward the body if it understood that technology often distorts the being of the patient and replaces function without replacing purpose? Do bodies not have an integral value quite apart from the values that those with the power to interpret impose upon it? Does a body, with its meanings and purposes, not exceed the categories into which a doctor might put it? (312–13)

Note the persistence, on the book's final pages, in referring to the sick person as "the body." Note the atmosphere of broaching uncharted territory when suggesting that the human person is not, after all, adequately grasped as a biochemical machine. It is as if he were to say to us, "I used to be arrogant and look down on you, but do not fear any longer. I recognize my prior mistake, and I have healed myself. I now affirm that your life has meaning."

A normal person—at least, one not intimidated by the title "doctor" and one not afflicted by iatrogenic confusions—would chuckle at this attempted humility but would still welcome the belated discovery and might expect it to mean that the physician is accepting an appropriately diminished place. But that is not Bishop's conclusion. Bishop suggests that medicine can only be fully healed when the physicians themselves embrace the theological, religious, and metaphysical commitments or practices of their patients. He seems to think that the "purposes" that invest the patient's life with meaning will not be real unless they are acknowledged or granted by the physician. He does not see the physician as really subordinate to the natural ends and the moral principles that call medicine into existence as an art, ends and principles that are at least as accessible to the layman as to the physician. He anticipates these principles as able to govern medicine, apparently, only when the physician personally endorses them as a physician. In that case, the physician will know how to interpret the call of the suffering other, and, as he

puts it near the end of the book, "Careful attunement to the call of the suffering other might move the soul of medicine toward purposes that exceed the management of bodies" (311).

Given his critique of totalizing medical care through the absorption of social science standards into pastoral and palliative care, Bishop ought to see but does not see or does not mind that, were physicians to join their technical power with stewardship over the moral and religious goals of life, nothing would be outside their purview as physicians. Such a medicine would be in a position to be even more totalitarian than the "biopsychosociospiritual" medicine Bishop decries. Indeed, it would seem to be a dereliction of duty for such a physician to fail to use his or her professional resources to lead all people to the good life. Surely, Bishop does not really want this, but his physician-centric view and the vagueness of his ultimate conclusion leave him making suggestions in this direction.