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**Medicine and Society, New Continental Perspectives**

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## **Preface: Medicine and Society, new continental perspectives**

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It usually falls to a preface such as this to explain the *what* and the *why* of the volume: what is contained in the contributions and why it is important. In this instance the two are more or less the same. What distinguishes “continental” approaches to bioethics and philosophy of medicine is precisely the reason why there is value in highlighting such approaches. Before elaborating on that rather vague contention, I would first like to say something briefly about how this volume came about. In 2011-12 I organized, together with Havi Carel, a series of public seminars on the rather broad theme of “Medicine and Society.” These took place in Bristol (UK), with the generous financial support of the Royal Institute of Philosophy and an Early Career Researcher grant that I had received from the University of the West of England. Some of the participants in that seminar series have also been kind enough to contribute to this volume: Niall Keane, Eran Dorfman, Christien van den Anker and Havi Carel. It is safe to say that the seminar series had what you might call “continental leanings,” meaning that nearly all of the participants approached the issues in bioethics and philosophy of medicine that they addressed with a perspective that was at least grounded in what could be called “continental philosophy.” To be more specific, the participants approached the subject matter(s) at hand, to a greater or lesser degree, from within the varying conceptual frameworks of the Phenomenological, Hermeneutic, French Epistemological, and Post-Structuralist traditions. The positive reception that these seminars received both from fellow academics and members of

the interested general public convinced me of the value of showcasing the varying ways in which philosophers working with a background that might very generally be called “continental” address a wide range of problems pertaining to the relation between “medicine and society.” I should add a disclaimer that certainly not all of the philosophers who have contributed to this volume would accept the label of “continental philosopher,” but certainly all of the contributions have a grounding in “continental philosophy” – more on that in a moment. Happily the series editors of *Philosophy and Medicine* agreed that such a volume would be a good idea. The initial plan was to take a specific set of problems prevalent in the current Anglo-American dominated bioethics discourse and ask philosophers who approached these problems from continental perspectives to address them. It was a good plan, but as a colleague of mine commented, getting philosophers to move in an assigned direction is like herding cats. What I ended up with is in fact probably much more illustrative and representative of the breadth and depth of the emerging field(s) of continental bioethics and philosophy of medicine than the plan I had initially envisioned, for this I am grateful to the un-herdable contributors.

There is something of an elephant in the room that needs to be tackled before we move on: the infamous analytic-continental distinction in philosophy. This is not the place and I am not the person to be partisan about this distinction, and anyway one hopes that it carries less force than it once did. Suffice to say that it may not be crazy to suggest that analytic philosophers might do well to sometimes pay more attention to the historical development of the problems they are working on, pay more heed to concrete social and political embeddedness of these problems, the subjects or persons they pertain to and the people that write about them, and finally, and this is a bit more specific, recognize the importance of the body in our relations with the world around

us and with others – all things associated with more “continental” approaches. To stick with rather hackneyed distinctions, it would probably not hurt some continental philosophers to remember that they are working on problems, not reporting on a tradition. All philosophers, but perhaps especially those who consider themselves “continental” ones would do well to be scholastic not only in the careful attention to historical development of problems but also rigorous conceptual analysis and careful drawing of distinction. The “analytic” emphasis on clear argumentation and careful clarification is of course valuable for all types of philosophy. All of the contributions here embody I think the best aspects of both “traditions.”

One area of supposed difference between continental and analytic philosophy that is of particular importance to bioethics and philosophy of medicine, as they bear such a close relation to the medical and technological sciences, is their methodological relation to the natural sciences. Though it is by no means fair to apply this as a blanket statement, it does seem safe to say that generally speaking, analytic philosophy, and analytic philosophers, sees itself as continuous with the natural sciences, which in their methodology present the most accurate manner of understanding phenomena. The task of philosophy is often understood as if not being contiguous with the natural sciences, then being one of helping to clarify through logical analysis, methodology, goals and findings. This leads into sticky situations when dealing with traditional areas of philosophy that the natural sciences cannot account for, namely consciousness and ethics, the latter of which a colleague of mine, Iain Hamilton Grant, astutely refers to as the “acceptable face of anti-scientific realism.” This is not the venue for diving into the deep end of either the hard problem of consciousness or the difficulties of the various forms of ethical naturalism. What is relevant in this context is the perception that continental philosophy has a very

different but not necessarily less friendly relation with the natural sciences. For example, Georges Canguilhem, whose influence is felt throughout this volume, was also a medical doctor and certainly considered himself not just a man of science but a naturalist. It does seem fair to say however that continental philosophy, general speaking, argues that the natural sciences are grounded in pre-theoretical conditions of givenness, as in various versions of Kantian transcendentalism or phenomenological notions of the “lifeworld.” The Kantian project and the phenomenological one that grew out of it both sought to locate a firm transcendental ground for the natural sciences. This idea of the need for a proper ground of the natural sciences that would account for and be aware of the various presuppositions that natural scientific inquiry often took for granted persisted through historicist, post-structuralist and also feminist encounters between science and continental philosophy. However, as Gilbert Hottois and Charles Wolfe point out in this volume, there has long been a close relation between the French “Biophilosophy” of Georges Canguilhem, Gilbert Simondon and Raymond Ruyer and the biological and medical sciences. Maurice Merleau-Ponty, perhaps the most important representative of the phenomenological tradition in relation to philosophy of medicine, owing to his phenomenological accounts of the body and the ill body in particular, was greatly influenced in his early work by the German neurologist Kurt Goldstein, and later by biologists like Jakob von Uexküll, Konrad Lorenz, and E.S. Russell as well as Ruyer. Where the continental approach perhaps differs from the analytic one *vis-à-vis* the natural sciences, is that rather than seeing philosophy as playing a complementary or clarifying role in relation to the findings of the natural sciences, continental approaches have seen their role as participating in the foundationalist project of the sciences, in other words establishing what is, as well as critiquing the methods of the

sciences. As Canguilhem writes in his essay “Machine and Organism”: “Far from coming belatedly to occupy an abandoned viewpoint, philosophy points science toward a position to take.” This is the case with the phenomenological projects pursued by Edmund and Husserl and Merleau-Ponty in critiquing what they took to be a naïve foundationalism that can pervade scientific discourse. It is also the case with the post-structuralist critique of knowledge one finds in Michel Foucault or feminist critiques from philosophers like Donna Haraway. As the essays that begin (Hottois) and end (Allouche) this volume attest and implore, philosophy should not shy away from what might even be called a speculative stance *vis-à-vis* technoscience – though I am relatively certain that not all the contributors in between would agree.

What is it then that distinguishes, more specifically, continental approaches to bioethics and philosophy of medicine from the dominant Anglo-American or analytic approaches? It is of course best to let the contributions speak for themselves, but a few markers are worth pointing out. First and foremost is the emphasis on the body, and particularly the lived-body as it is developed and explored in the phenomenological tradition. Though as Slatman and Widdershoven point out in their contribution the idea of the lived-body as developed in the phenomenological tradition can be traced back to the early nineteenth-century French philosopher Maine de Biran – something that the phenomenologists were certainly aware of. From our current perspective, the analyses in the Second Book of Edmund Husserl’s two volume *Ideas pertaining to a Pure Phenomenology and to a Phenomenological Philosophy, Studies in the Phenomenology of Constitution* ([1952] 1989) and in Merleau-Ponty’s magnum opus *Phenomenology of Perception* ([1945] 1962) are particularly important here. But foundational phenomenological study of the body cannot be limited to these two thinkers, Jean Paul Sartre’s *Being and Nothingness*

([1943] 1957) contains a lengthy analysis of the body in what he calls its three ontological dimensions (My body-for-itself, my body-for-others, and “myself as a body know by the other”), and Heidegger, often criticized for ignoring the body, also offers important considerations about the role of the lived-body (see Niall Keane’s and Eran Dorfman’s contributions to this volume). What these studies of embodied subjectivity emphasized was that the body was anything but a passive receptor of sensory impressions controlled by a disembodied (Cartesian) subjectivity. Rather the lived-body, the body as experienced, plays a central role in determining or constituting how it is that the world appears to the subject. In short, the body’s movement in the world is itself generative or constitutive of meaning at the most fundamental level for the subject. This has an obvious impact on the way that we think the impact that illness or bodily impairment has on the person or subject as a whole. A change in the structure or capacity for movement of the body, brought about by illness or injury, does not just effect a regional change in the subject’s experience of the world. Rather the centrality of the body to the constitution of a meaningful world means that a change to the physical and hence lived-body changes the world of the subject from the bottom up. Often this results in a limitation of the body’s own tacit “understanding” of its range of possibilities. This is explored at length in the second part of the volume on phenomenology.

The importance of the body is not limited to phenomenological approaches. Georges Canguilhem, whose thinking is often separated from phenomenology as the philosophy of the concept as opposed to the philosophy of experience (a distinction made by Canguilhem’s student Michel Foucault), also places emphasis on embodiment, namely on the lived experience of the patient, writing in his seminal work *Le normale et le pathologique* (1966): “the life of a living being [...] only



recognizes the categories of health and illness on the level of experience, which is first of all an *épreuve* in the affective sense of the term – not on the level of science.” Perhaps the distance between Canguilhem’s philosophy of the concept and the phenomenological philosophy of experience is not as great as it is sometimes made to seem.

The emphasis on embodiment has important consequences for the understanding of the person or subject, and ultimately consciousness. As consciousness cannot be separated from embodiment, the subject or person cannot be abstracted out from its environment and social historical context. The autonomous rational subject – the Cartesian subject – is by this account a myth. Thinking about ethical issues in the context of medicine or any other intervention or action upon the body cannot be grounded in the idea of an autonomous rational ego or subject precisely because such an entity does not exist. The being of the subject in question is bound up not only with its embodiment but also the relations that it has with other subjects, with whom it co-constitutes a shared world, and social and historical context that the subject is “thrown” into or inherits. It could be argued that the myth of an autonomous rational subject is in fact part of the social historical context of our modern embodiment, but one that does not fit well with the foundational account of an embodied and indeed intersubjective subjectivity that phenomenological analysis claims to provide. This is precisely what Lisa Guenther claims in chapter 12 that the study of persons subjected to long stints of solitary confinement illustrates to a horrifying degree. The lived-body of phenomenological analysis is of course not the last word in the embodiment story. As the last essay in this volume argues, it is precisely the conceptual and phenomenological investigation of embodied cognition that suggests moving from an “organic” idea of a lived-body epistemically available

only to the subject herself to a machinic model of the body. The questions and debates opened up and explored in this volume are far from closed and the goal here is to tap into and open up to a wider readership the rich resources that the “continental” tradition provides in exploring what are surely some of the most fascinating and interesting questions in bioethics and philosophy of medicine today.

The present volume is organized into five sections that break along thematic and methodological lines. Each section contains three essays, although this is just happy coincidence. Section one, “Figures and Grounds: Continental Approaches to Bioethics and Medicine,” begins with a rather personal essay from Gilbert Hottois entitled, “Defining Bioethics.” Hottois is one of the pioneers of what can be called (a bit coarsely) continental approaches to bioethics. That is to say, as he explains in his essay, that his approach was deeply influenced by his reading of Heidegger’s work on “The Question Concerning Technology” (*Die Frage nach der Technik*) as well as general grounding in the continental tradition of philosophy. For Hottois, there can be no separation between bioethical inquiry and that surrounding the neologism “technoscience.” Hottois’s approach also sets him apart from much of mainstream work in Anglo-American bioethics insofar as it is not limited to reflection on problems concerning medical practice, but has its object a radically broader context, which includes the eventuality of the human species departing the planet earth and engaging in what he calls “cosmic-prospecting.” Hottois remains nonetheless attentive to the Anglophone traditions of bioethics. He reflects on his own development alongside critical reflection on the work of H. Tristram Englehardt and Van Rensselaer Potter, the two central figures in the development Anglophone bioethics, finding a significant degree of affinity between his own approach and that of Van Rensselaer Potter, while

remaining attentive to the operative differences. Widely known for his work on philosophy of technology and bioethics in the French speaking (and Spanish speaking) world, this is the first time that Hottois's work has been translated into English. The other essays in the section critically develop the approaches taken to bioethics and philosophy of medicine by two extremely important philosophers in the continental tradition: Hans Jonas and Hans Georg Gadamer. Both Jonas and Gadamer were students of Heidegger prior to the outbreak of the Second World War, and were deeply influenced by his work in many regards, perhaps most significantly in the importance that Heidegger placed on *Dasein*'s – what we can, not at all unproblematically call the human being's – being toward death in his fundamental ontology. Jonas's work on philosophy of technology also reflects many of Heidegger's concerns about technology not simply being a tool at human disposal, but rather becoming an all encompassing frame (*Gestell*) or structuring dimension of human existence. Michael Hauskeller's (chapter 2) essay carefully unpacks the ontological foundations of Jonas's ethics and then takes a closer look at Jonas's position vis-à-vis human technological enhancement and the imperative to protect human nature.

The Heideggerian legacy in Gadamer's writings on *The Enigma of Health* is perhaps felt most strongly in the hermeneutic method that he uses, examining the relation between the concepts of nature and health in the western tradition from Aristotle's understanding of nature as *physis*, through to modern mechanical notions of nature and statistical understandings of health. Niall Keane (chapter 3) picks up Gadamer's reflections on the difficulty of pinning down the concept of health in its relation to nature. Keane critically examines the Platonic, Aristotelian, and also phenomenological/Heideggerian influences at work in Gadamer's thought. Keane

argues for a dialectical conception of health, “accounting for it by means of what is present, that is, what remains, when it is absent,” but is also critical of Gadamer’s *physis*-centred approach, arguing that it “ignores something that Heidegger never did and this is that *physis* cannot be defined in terms of harmony and proportion, insofar as nature is more often than not violent, destructive, terrible, pitiless and overwhelming.”

The chapters in the second section of the book, “The Experience of Illness: Phenomenological Approaches,” all examine how the descriptive science of phenomenology can contribute to a better understanding of the experience of illness and ultimately to better clinical practice. Phenomenology is perhaps most simply understood as a descriptive science of how the world appears to consciousness as a world of meaning. Saying that it is about how the world appears to consciousness does not of course always mean that consciousness is explicitly aware of all of the ways that the world appears to it. Paradoxically, much of what phenomenologically speaking we would call our conscious lives happens behind the back of consciousness, so to speak: we are not always aware of the myriad of manners in which we are experiencing the world and how they affect our comportment. This is especially true of the way that our body silently or passively adjusts to but also shapes its environment. The “lived-body” (a term that is taken up and developed in all of the chapters in this section) does not just passively receive the world and adjust to it, but is involved in actively shaping the meaning content of the world often before reflective consciousness takes hold. Nowhere is this more true than in the experience of illness, where changes to the physical body have enormous impact on the bodies own tacit understanding of what it can and cannot do in the world. Illness goes from being a regional area of phenomenological description (what it’s like to be ill) to

having a global impact on the entire world as it appears to a conscious subject. In chapter four Jenny Slatman and Guy Widdershoven use a phenomenological approach to develop an “ethics of embodiment” that they argue is needed to guide medical interventions aimed at the body. After providing a history of phenomenological approaches to the body and the ill body in particular – tracing the development of this tradition back to the French philosopher Maine de Biran – they look at the specific case of the role of phenomenological lived bodily integrity in cases of amputation and specifically mastectomy. They argue that the phenomenological analysis of lived bodily integrity has important insights to offer in clinical approaches to such cases. Havi Carel (chapter 5) closely interrogates the varied experiences of illness, asking: do illness experiences share certain general features? Are these features universal or eidetic, or are they culturally-dependent? Do different illness experiences, such as the experience of acute vs. chronic illness, share some of their features? Do mental disorder and somatic disease have common experiential features? Drawing on a close reading of Heidegger’s tool analysis, Sartre’s three orders of embodiment and S.K. Toombs’s analyses of the eidetic (essential) features of illness, Carel builds a conceptual phenomenological framework through which to understand the experience of illness writ large: the ill body is conspicuous, obtrusive and obstinate. Eran Dorfman (chapter 6) returns to the phenomenological analyses of embodied subjectivity and mutuality and intertwining of body and world implied in the notion of “flesh.” Through an in-depth reading of Merleau-Ponty’s work, particularly in its relation to Heidegger – thereby building on themes introduced in the previous two chapters – he engages in a critical interrogation of phenomenological methodology, asking what body is it exactly that phenomenological analysis uncovers? Is it a generalized, “primordial body” that serves as an eidetic structure of meaning

constitution, or an “everyday” body, the body as experienced in a quotidian manner in its oscillation between health and illness, well-being and impairment. Dorfman argues that phenomenology often moves between the two. Descriptions of the pathological body can serve to “expose tendencies that already exist in everyday life in a much less accentuated way.” Dorfman argues for a hermeneutic of the body that brings pathology and everyday experience closer together and develops an ethics of the body on the basis of this proximity. This conclusion that the difference between the pathological and the everyday lived-body is a question of degree brings him into disagreement with Carel.

It is the subject of “The Normal and The Pathological” that drives the third section of the book, not the seminal work of Georges Canguilhem but the relation between these two concepts. Of course it is not coincidental that Canguilhem’s enormously influential text (*Le Normal et le Pathologique* first appeared in 1943, an extended version was published in 1966) looms large in all the chapters of the section, even where his approach is rejected. In their contribution (chapter 6) Andreas DeBlock and Jonathan Sholl examine several instances of what they call the “normalization view,” the idea that “normality” assumes an epistemological priority and that pathology can only be understood in relation to what has been established as statistically normal. They argue that this despite coming under heavy criticism this view is still widespread in both philosophy of medicine and bioethics. Through a discussion of Canguilhem, De Block and Sholl critique the biostatistical concept of normality, arguing instead for the need for a properly philosophical concept of normality. In doing so they explore Canguilhem’s idea that normality never rests on the side of the organism alone (there are no normal organisms) but is always a question of dynamic relations between an organism and its environment.

Pieter Adriaens furthers the investigation into these concepts in chapter 8 by examining the legitimacy and usefulness of pathologizing certain forms of sexual comportment, i.e. what it terms “paraphilias.” Using the example of the American Psychiatric Association’s approach to what it has termed “sexual deviance,” as illustrated in the consecutive editions of its famous manual, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), and the particular episode concerning the removal of homosexuality from the seventh printing of DSM-II in 1974, Adriaens takes us back to the fundamental question of “what is a mental disorder?” He puts forth an argument that the APA not only “fails to provide an exhaustive and coherent analysis of the concept of mental disorder, but also “fails to design a classification of mental disorders that is consistent with whatever analysis it does provide.”

In chapter 9 Catherine Mills extends the discussion surrounding the concepts of normality and normativity into the debates over liberal eugenics. Mills investigates what role varying concepts of normality are playing in the debate over the moral acceptability of liberal eugenics, examining in turn Jürgen Habermas’s defense of human nature as a ground for liberal autonomy, the “normal species functioning” model offered by Alan Buchanan and the co-authors of *From Chance to Choice: Genetics and Justice* (Cambridge University Press, 2000), and finally John Harris’s rejection of the use of the concept in arguments about enhancement. Mills uses resources from Canguilhem to develop a conception of the normal that is salient in the debates around enhancement, while also avoiding some of the concerns that have dogged Habermas’s supposed strong attachment to the concept of human nature – see Buchanan’s *Beyond Humanity* (Oxford University Press, 2011) for a particularly scathing attack on Habermas’s position.

The fourth section of the book addresses the question of “Life” in its biological, ethical and political forms. What is “Life”? And does it matter to debates in philosophy of medicine, bioethics and biopolitics. The question in a sense seems stunningly naïve and obvious. Doesn’t the prefix “Bio” precisely indicate the importance of “Life” to all these areas of discourse? But perhaps the obviousness has in fact hidden the difficulties surrounding the concept of life from view in the orthodox iterations of these debates. Charles Wolfe (chapter 10) begins by noting the pathos with which Canguilhem himself lamented the falling away of the question of Life from scientific investigation. As Wolfe points out Canguilhem “insisted on a kind of uniqueness of organisms and/or living bodies – their inherent normativity, their value-production and overall their inherent difference from mere machines.” Looking at both Canguilhem and the neurologist Kurt Goldstein (who was a major influence on both Canguilhem and Merleau-Ponty), Wolfe investigates the concept of “Biochauvinism,” that there is something inherently unique about biological entities that separates living systems from all others. Contrasting Canguilhem’s position with that of Merleau-Ponty, who according to Wolfe cannot resist reverting to a “Catholic mysticism of the flesh,” Hans Jonas, who Wolfe accuses of looking for a “secret way of defending human uniqueness over and against the rest of the physical universe,” and more recent contributors to the debate over the nature of life like Francesco Varela and Evan Thompson who seek to reintroduce subjectivity into biology, Wolfe makes the case that Canguilhem may best be considered a kind of naturalist-vitalist-existentialist, a position that manages to avoid many of the pitfalls of other forms of biochauvinism, while still maintaining that there is something unique in Life itself which any ethics or philosophy of medicine must take heed of.



Michael Lewis's contribution (chapter 11) examines the concept of auto-immunity as it functions in the work of the philosophers Jacques Derrida, Giorgio Agamben and Roberto Esposito. The philosophical concept of auto-immunity that these thinkers develop is a strong rejoinder to notions of autonomy and individuality that continue to structure so much of the contemporary bioethical debate. Lewis's essay can in a sense be read as a plea for granting priority to biopolitics over bioethics.

In "The Psychopathology of Space: A Phenomenological Critique of Solitary Confinement" (chapter 12), Lisa Guenther launches a devastating phenomenological critique of the practice of solitary confinement. Using first hand testimony and insights on embodied subjectivity from philosophers like Merleau-Ponty and Husserl, Guenther argues that solitary confinement is literally life destroying insofar as isolation sensory deprivation pulls the very subjectivity of the confined person apart at the seams. Guenther exposes the myth that solitary confinement allows for a period of cool down and reflection as based (at best) on ill conceived (Cartesian) notions of the relation between subjectivity, embodiment, movement and intersubjectivity. She makes a strong case that the oft ignored widespread use of solitary confinement in American penal system is a bioethical and indeed biopolitical issue of the highest importance, and one that invokes the question of precisely what a human life is.

The fifth and final section of the book takes up the question of eugenics again, but also looks to the horizons of developing debates over human enhancement and the therapy-treatment distinction. Christien van den Anker (chapter 13) addresses the legacy of eugenics in relation to what she calls the "right to be impaired". Drawing on resources from phenomenology, post-structuralism and also criticism of the dominant liberal models of social inclusion, van den Anker makes a case that the current

discourse surrounding liberal eugenics retains an ethically and politically problematic residue of coercive practices and thinking on eugenic and disability from the not so distant past. In this light van den Anker offers a critical reading of the 2006 UN Convention on the Rights of Persons with Disabilities and makes the case for adopting a principle of inclusion beyond contributing economically to society as is emphasized in the UN Convention.

Sylvie Allouche calls into question the entire conceptual framework of the therapy-enhancement distinction and the enhancement debate as it is being played out in the Anglophone bioethics discourse. Drawing on Canguilhem, but also on more recent work by the Gilbert Hottois and the French philosopher Jérôme Goffette, Allouche argues that rather than “enhancement” belonging with the broader conceptual category of medicine, both medicine and enhancement need to be rethought as domains under the umbrella concept of “*anthropotechny*” – technological intervention in and on the human body. In order to accomplish this, Allouche first sets out a sustained critique of the relation between the concepts of medicine and norm that are operative in much of the theorizing about the therapy-enhancement distinction. She then lays out a new conceptual framework to think these problems, introducing and developing the term “anthropotechy” and its component aspects, “anthropotechnics” (which would include make up and leech therapy) and “anthropotechnology” (which would include high-tech pharmaceutical doping methods and the use of pace makers).

Finally Cory Shores (chapter 15) brings into question the standard prosthetic model of thinking on enhancement and technology applied to the body in general. This standard model, Shores argues, is grounded to a large extent in the phenomenology of the lived-body developed by Husserl and Merleau-Ponty. But, he

asks, is the phenomenological “organic” view of the body really the best theoretical framework to explain how our bodies are becoming more and more robotic? Instead, Shores makes a case for rethinking the model of the body that guides nearly all thinking on enhancement and argues instead that “Deleuze’s and Guattari’s ‘machinic’ model is a more promising theoretical basis for the notion of posthuman enhancement and also for successful therapeutic prosthesis usage.” It seems appropriate that a line of conceptual development – continental approaches to medicine and bioethics – that initially demanded that philosophy take the body and its constituting powers more seriously now in fact doubles back and brings into question the very model of embodiment that it had actively endorsed. This conceptual sophistication and critical reflection upon its own concepts illustrates nicely the fecundity and diversity of positions and approaches to problems in philosophy of medicine and bioethics that might be called “continental”. The essays in this volume do an exemplary job of illustrating just that.

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