

Short literature notices

Péter Kakuk¹

Published online: 30 May 2015
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Miles, S.H.: 2015, *Doctors Who Torture: The Pursuit of Justice*. Amazon Digital Services, e-book, 195 pages, ISBN (Kindle): 978-0-9864146-0-2, price: 11.43 USD

In one of the narratives that Steven Miles includes from a victim of torture from Iraq, we read the following: “It is against my religion to be naked in front of strangers”, reveals the stark nature of medical practice—its beauty alongside its absurdity. Under the guise of Medicine, the boundaries we normally uphold that pertain to our societal, cultural, and religious codes of conducts can be challenged and overturned. We find it acceptable to reveal ourselves, and our bodies, in the most intimate of ways to strangers because we recognize certain individuals as healers. However, trust leads to vulnerability and at times, as illustrated throughout this book, there are doctors who heal and doctors who torture all over the world and suddenly the dichotomies between benign and malicious, healing and torturing, caring and cruel become less and less juxtaposed and fall into each other. Doctors become torturers. The reasons for how and why doctors torture are the bedrocks in the examples given, but the authors committed focus is on the persuasion of hope and justice. Indeed, the statement that permitted myself to endure the gravity of the book was the authors insightful prophecy that “hope is justified”.

In medical practice, the disjunction between healing and harming is understood to be self-evident, clear, and exempt from the darkness that often pervades the human

condition—more often than not, creating the very patients that doctors tend to as a result.

Medical practice is, fundamentally, an act of humanitarianism. By its virtue to heal and relieve suffering, the act of practicing medicine frames humanity. Through the doctor and patient relationship, our society bears witness to values such as empathy and compassion and connectedness. Thus, in the context of doctors who torture, the author has a difficult task to find a language to accommodate the duality of the doctor prescribed to conduct torture and ignoring the needs of torture victims. The language employed is successful because it is strategic; namely, it registers the responses to certain medical communities such as the United Kingdom that have set international precedents for illustrating the problem of physician complicity with torture. Further work still is required of course so that governmental decisions are in line with recommendations from organizations such as the British Medical Community and World Medical Association to prevent decisions such as allowing a Rwandan doctor charged with genocide to practice medicine.

Finally, we are guided through the ethical obligation for all of us who are working in the fields of medical ethics, human rights, humanitarianism, and medical practice to be committed to the pursuit of accountability and justice. In our global world, there is no such thing as ‘someone else’s problem’. All individuals of our world are deserving of a conduct of care that has made medical practice a part of our human condition. Unfortunately we are remaining at the mercy of wars, conflicts, terrorism, corruption, disasters, and other such humanitarian crises but ‘Doctors Who Torture’ put forward to us the notion that within our medical community, at least, we can ensure we remain healers—and most notably, not perpetrators—of suffering.

✉ Péter Kakuk
kakuk.peter@sph.unideb.hu

¹ Department of Behavioural Sciences, University of Debrecen, Nagyterdei krt. 98, P.O.Box 45, Debrecen 4032, Hungary

Ayesha Ahmad
London, UK

Schillmeier, M.: 2014, *Eventful Bodies. The Cosmopolitics of Illness*. Farnham: Ashgate. 196 pages. ISBN 978-1-4094-4982-9 Price: 54.00 GBP

In this new book from the series Theory, Technology and Society by Ashgate, Prof Michael Schillmeier approaches the issue of illness and health from a sociological perspective that is challenging and interesting at the same time. It is not only challenging to the prevailing bio-medical model of illness, but it is also challenging to the popular understanding of politics as the arena for only healthy and rational agents. His overarching argument is to show that afflicted human beings and even afflicting non-human organisms are political agents inasmuch as they are able to influence some of the political affairs in contemporary global society.

Schillmeier employs the cosmopolitics of illness as the process to challenge the social construction of normalcy centered on healthy and rational agents. Contrary to symbolic biopolitics, a cosmopolitic and inclusive reconstruction of socio-political relations emphasizes the role of embodied human experiences and their affective contexts.

The goal of his approach is to challenge the prominent but deficient understanding of illness as statistical and static social incidents and to offer a broader understanding of sickness as evolving social events with many socio-political repercussions. He concludes that understanding human illness as a social event is central to nourish an ethos that would embrace those who are suffering in front of the uncertainties of life.

The author uses three topics to establish his point, each discussed in a dedicated chapter using the above-mentioned methodology. The first chapter concentrates on “Forgetting Bodies” to unfold the social experiences around dementia. He dedicates a great deal of the chapter to discuss the meaning and effects of the disease on the political agency of those who are afflicted and their families and friends. Thus, he contends that dementia is not an isolated individual experience but a cosmopolitical event that challenges the socially-constructed understanding of health and illness, especially in regards to mental abilities. Schillmeier analyzes the experience of Mrs M in the German movie “The day that got lost in a handbag” by Marion Kainz to bring his argument to life. The second chapter similarly addresses “Stroked Bodies”. When a stroke afflicts the brain, human experience of the familiar and of life itself changes dramatically. Caring for those persons necessitates considerable adjustments to the socio-political dynamics surrounding them. Using the story of Mr B brings the discussion of his argument in this chapter into

life. When discussing the peculiarities of “Infectious Bodies” afflicted with SARS (Severe and Acute Respiratory Syndrome) in the third chapter, Schillmeier contends that even the non-human organism causing the syndrome acquires a political agency that poses considerable challenges to the familiar social and global order and raises “existential anxieties” all over the world.

The premise on which the argument of this book is built is that human illness necessarily stirs the societal need for caring relations, not only among family members as a private event, but also at the general socio-political level as a global issue. Another important issue raised throughout the book is the emphasis on the narrowness of any perspective that claims to be comprehensive. More specifically, although any of the discussed illnesses (whether chronic, drastic, or infectious) may be better understood through statistical representation of their prevalence, these same diseases necessitate a closer personal look at the experiences of the afflicted and those around them to better understand their cosmopolitical repercussions.

Although the author uses sociological and ethnographic methodologies to unfold and defend his argument, this book is relevant to a broad audience including those who are interested in the sociology of health and illness, medical ethics and bioethics, and health policy and its politics. Although it may be challenging to read, especially for those who are not initiated into some of its methodologies and terminology, the book is eye-opening and informative in many ways. Furthermore, although the author discusses only three diseases, the reader will be inspired to apply the methods and conclusions unfolded in this book to other illnesses. For instance, it would be very interesting to read a fourth and a fifth chapter discussing the cosmopolitics of cancer treatment and research and the most recent epidemic of Ebola, respectively.

In a few words, this book is an inspiring addition to the study of the human experience of health and illness. A cosmopolitical understanding of illness will be inspiring to explore human health and sickness in other disciplines through fresh eyes and to mandate new political approaches to human suffering.

Rabee Toumi
Pittsburgh, PA, USA

Colarusso, C.A.: *The Psychiatric Witness in Court*. New York: Rowman & Littlefield, 2014. 305 pages. ISBN: 978-1-422-3039-2

Are you a psychotherapist or a psychiatrist dreaming (but at least once in a while thinking) about becoming a protagonist of a serious courtroom drama? Or are you a layman with deep interest in the role modern days psychology

plays in the legal decisions; that is to touch upon such fundamental questions like where the United States' legal system draws the line between crimes whose perpetrators are accountable legally and who are not? Or do you simply wish to take a book into your hands that grants—with a fantastically easy-going and enjoyable language—the viewpoint of an insider; both of psychiatry and of the jurisdictional system? If any of your answers were affirmative, than this clever little book will be an entertaining, yet smart guide into the above mentioned fields—should I like to allude to the famous motion picture, this book could have been given the title: “Everything you wanted to know about being a psychiatric expert witness but were afraid to ask”. As the author, Calvin A. Colarusso (who is a practicing psychotherapist, a university lecturer and an expert witness at the same time) states in the introduction of his book: “In this book, in a straightforward manner, using plain English, I attempt to explain to mental health professionals, particularly those considering becoming expert witnesses, the nuts and bolts of choosing/being chosen as an expert witness, the diagnostic/reporting process, and the experience of being, and the experience of being deposed and testifying in court”. This I found a highly relevant and important endeavor, since—as the author himself points out—the recent scientific literature of this topic does not lack theoretical—or even to an extent: practical, but generally practical—works describing and discussing the hypothetical framework, fundamental values and demands of being such an expert witness. Nevertheless, again, what these writings lack (which is, for sure, not a flaw of them, but it is simply not their task to do so), is this personal view—and voice!—of the insider, this clear-cut and overly useful experts' guide to the galaxy of the legal system. Form is nicely tailored to this content: After the first two, introductory chapters, what the reader is presented with is full-length and pretty much in-depth—evidently without any reference to the real names or any sensible data—demonstrations and analyses of two real-life cases (excitingly enough, one of an adult and one of a child). Both of them cover almost literally the whole process of this forensic journey from the viewpoint of the expert witness: Starting from the initial phone call from a lawyer through cross-examination in court.

What makes these case analyses and expositions even more gripping, is that they do not merely contain the mere presentation of the “raw data”, that is the pure transcriptions of what discussions took place between the different parties (the plaintiff and the defense attorney, the witness and the expert), but the experts own thoughts are also presented—regarding his personal insights on that particular case or some general ideas and advisements should the prospective expert witnesses end up in a similar courtroom situation. To sum this grand little book's

greatest merit in a nutshell: It demonstrates to the “expert” and the lay reader alike that a personal (should I say: “testimonial”) voice of narration is not necessarily in an exclusive relation with providing the reader with some scientific and objective conclusions.

Kristóf J. Bodnár
Debrecen, Hungary

Youngner, S.J. & Kimsma, G.K. (eds.): 2012, *Physician-Assisted Death in Perspective – Assessing the Dutch Experience*. New York: Cambridge University Press. pages 403, ISBN 978-1-107-007567, price: 104.99 USD

This book should certainly be listed among the most important ones that have been published in the last decade about the ethics of end-of-life decision-making. The 24 individual papers—edited by the psychiatrist Stuart Younger and physician, philosopher Gerrit Kimsma and written by political scientists, legal scholars, ethicists, philosophers and doctors—provides the reader with an extremely rich source of accurately collected insights originating from the now decades old Dutch experience on physician-assisted death. The character of this book is more like a detailed map—not like an abstract table of pros and cons of the euthanasia debate—that helps us to navigate ourselves in an ethically difficult terrain.

After the editors' personal prefaces and the co-authored introduction to the volume, the first part describes the background and history of the countries' euthanasia debate, its social and political context, its concepts and the way it's embedded in the social fabric of Dutch society. After the second part discusses important regulatory issues and some deficiencies in practice, the third part turns its focus on quality assurance in practice, like the role and functioning of euthanasia review committees. The fourth and largest chapter “Learning from the Practice” discusses various important insights on advance directives, depression, the case of newborns, and patients with neurodegenerative disorders. Before the last “Overview” chapter, the fifth part focuses on the challenge of unbearable suffering, the underlying normativity of the concept and the practical challenges of making assessments on it.

Although as a philosopher—at least in my initial teaching years at the medical school—I was more concerned with making students understand the pros and cons of philosophical argumentation and highlight the legal paradoxes and conflicting cases behind the euthanasia debate, some years later my focus of interest in the topic significantly changed. Perhaps also influenced by some personal and very close family experiences, I became more concerned about the very details (personal, practical, statistical, the more concrete questions) of end-of-life

practices in real life world scenarios. But how one can find proper, reliable sources to gain some insights about those very details? Compared to the fact that in Europe and generally in developed countries most people (around 70 % of the population) are dying in health care institutions, typically in hospitals, we are still not talking enough about how actually people are dying, what are the decisions that are related to death, and how can we give support to humane deaths in modern societies. End-of-life decision-making and especially physician assisted death is still a taboo in most countries, and if there are some discussions going on than those are situated within a discourse of theological and philosophical abstractions. This creates a void, directing public discussions to wrong directions, where wrongly selected questions only make us to see our

ethical views as opposed and polarized. Continuous monitoring of practices, proper data collection and careful reflection can create the possibility for fostering an ethical dialogue that could have real life practical outcomes. Most of the studies coming from a variety of countries that are to collect data about end-of-life decision-making are significantly biased by reporting illegal practices or ethically questionable practices. This lack of reliable data collection and the honest reflection on everyday practices in hospitals that makes the Dutch experiences an invaluable source of insights for doctors, philosophers, ethicists and policy makers.

Péter Kakuk
Debrecen, Hungary