

Response to Michelle Harrington's 'Medicalized Death as *Modus Vivendi*'  
Autumn Alcott Ridenour  
Boston College

Michelle Harrington's opening description of Frederick Wiseman's film, *Near Death*, poignantly captures the image of vulnerable patients in the company of presumable technicians. These technicians, masked as nurses and doctors, manage suffering and death with statistical and procedural precision. From the outset, Harrington's descriptive prose unveils the irony of the hospital as medical 'asylum,' protecting the outside world from the realities of human pain and mortality. Here the ambivalent emotions of guilt, love, grief, hope, and anxiety are held in tension while medical professionals oversee death through 'custodial' supervision in a way that removes death from the 'moral sphere' and instead places it within the 'depersonalized technical sphere' (4).

Harrington advances this description beyond those scenes pertaining to Wiseman's 20-year-old ICU hospital room in a way that also indicts the practices and realities pertinent to contemporary hospice care. Suggesting current hospice practices have moved beyond the original goals posed by Dame Sicely Saunders in her aim for human friendship and companionship through the dying experience, Harrington argues that hospice now aims at 'medical' aspects such as pain control through professional and institutional procedures that mediate the dying process. The shift in practices - and perhaps the goals behind the practices - serves to unearth Harrington's central thesis that medicalized death has become a '*modus vivendi*' by which medicine 'shields itself from the metaphysical realities of death and dying' (6).

By shielding itself from these deeper moral and religious questions, medicine in the form of palliative care takes on a new role that attends to those 'biopsychosociospiritual' needs that involve 'uncritical notions of happiness and well-being.' Unsurprisingly, such notions of happiness and well-being entail 'implicit norms' about what makes for a good life and good death (9). Here, Harrington argues that the role of expansive palliation 'provides a way of coping with fundamental questions of human existence' by offering a generic spirituality in which religion functions as an instrument at the service of clinical norms (10). In the absence of a substantive meaning of death, technology becomes death's medical salvation (15). By attending to death solely within a medical framework, both patients and society become subject to social 'iatrogenesis' (or medical harm), whereby persons seek medical care at all cost through unending freedom. This freedom actually traps its members into 'unfreedom' through dependence on technology in the form of medical 'nemesis' (13-15). In this trap, technology serves as priest through quantifying and calibrating pain, quality of life, grief, and spirituality. 'Medicalization' now holds the ultimate value. Thus, Harrington critically exposes the ways in which medicine's attempt to dethrone ultimate ends in the service of pluralism actually reestablishes technology as the god of medicine and a 'medicalized death' as the norm - and even 'right' of all persons, given our current social and political milieu.

In this sense, Harrington's piece initially serves as prophetic disclosure against medical secularism's claim at neutrality, which cloaks science and technology as the final good. In light of her exposé, one wonders whether western medicine can hold a neutral

position pertaining to the reality and meaning of death itself. For years, Daniel Callahan has addressed, often controversially, medicine's limits, its relation to the 'research/technological imperative,' care for the aging, and finally, the nature and meaning of death in an abundance of works pertaining to medical and bioethics. In *The Troubled Dream of Life*, Callahan argues that the physical causality and moral culpability of death are now collapsed into one category within modern medical practice. This proves problematic for a variety of reasons, but primarily because the burden of death now resides with human agency in its obligation to 'treat' as opposed to accepting biological limits that frame medicine's limits.

Harrington amplifies Callahan's basic claim by recognizing that the technological imperative perhaps drives the collapse of the moral and medical definitions of death. Here, medicine subsumes the moral understandings of death by normalizing health and problematizing death in a way that sterilizes and controls mortality under the physician's scalpel or morphine drip. In this way, Harrington joins the ranks of Raymond Downing's *Death and Life in America*, which unveils medical technology as idolatry through a biblical critique, and Jeffrey Bishop's more recent *The Anticipatory Corpse*, which demystifies the metaphysical ends of technology in medicine through the philosophical lens of Michel Foucault.

But more than medical critique, Harrington also delves into the social critiques of medicine in her appropriation of Ivan Illich's *Medical Nemesis*. With Illich, Harrington affirms that "social iatrogenesis is at work when healthcare is turned into a standardized item, a staple; when all suffering is 'hospitalized' and homes become inhospitable to birth, sickness, and death" (15). Here, suffering and grief become a kind of 'deviance.' Much like Ernest Becker describes in *Denial of Death*, painful realities that compose everyday life are now shirked to the sidelines or stifled under thinly veiled psychological resources. With Bishop, Harrington affirms how 'biopsychosociospiritual medicine' helps to control 'grief' under the gaze of professionals as opposed to the communal acknowledgement of grief among friends and even religious communities. In this way, death itself is privatized rather than shared among companions through outward expressions of mourning within a rich community of love and recognition.

This leads to the third and final way in which Harrington advances the conversation pertaining to the medicalized death. In her concluding statements, Harrington nods toward the importance of deep religious commitments such as those embraced by Christian theology and practice. Here, I might argue, exists the starting point - rather than conclusion - for understanding a rich interpretation of death's meaning and its correlation with life's meaning. As Harrington herself acknowledges, deep resources exist not only in the theologies of Karl Rahner and Bonnie Miller-McLemore, but also in the lived practices of Christian communities celebrating the sacramental and liturgical ordinances of baptism and Eucharistic formation. In this way, Harrington subtly concludes by replacing her 'Medicalized Death as *Modus Vivendi*' with what I might term 'Theological Death as the Meaning of Life,' a conclusion - and perhaps starting point - with which I heartily agree.