Return to Reason, by Stephen Toulmin.
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If you buy and read only one book this year, make it this one. Then, after you read and reread this book, buy and read, if you have not done so already, its prequel, Cosmopolis.¹ When you’ve done that you may find yourself wondering one thing and worrying about another (at least, where medical ethics is concerned). Why do we hear so little about Montaigne and Wittgenstein? And why do we bother so much with Descartes and his followers? Did philosophy take a wrong turn somewhere? Has ethics gone in one direction, philosophy in another? Did we moderns zig, when we could, and should, have zagged?

Evidently so.

If you think “ethics” began with Descartes and ended with Sidgwick (let’s forget Nietzsche) think again. Modern moral philosophy, it seems, got off on the wrong foot. It really started (sort of) with Montaigne and got jump-started (sort of) with Wittgenstein. We’ve been living in a kind of dream world—the dream of Reason, that is, Rationality—living in and acting out something called the Myth of Stability. It’s time to see this myth for what it is, awaken from the dream, and return to reason. It’s time, in short, for us to stop acting our age, and to grow up.

Strong words? Try these on for size.

Our first intellectual obligation is to abandon the Myth of Stability that [has] played so large a part in the Modern Age only thus can we heal the wound . . . inflicted on . . . Reason by the seventeenth-century obsession with Rationality, and give back to Reasonableness the equal treatment of which it was it [has been] so long deprived. Warm hearts allied with cool heads seek a middle way between the extremes of abstract theory and personal impulse. (p. 214)

Wound? What wound? The one that seventeenth-century natural scientists tried to heal, when they dreamed of uniting the ideas of rationality, necessity, and certainty into a single package (p. 13), which they did to reconcile us to the contingencies of experience (uncertainty), which had theretofore been one of the tasks of Religion (p. 209). Now that “God is dead” and the Dream of Reason has gone bust, we need to wipe away our tears of despair . . . and move on.

But how? Simple. We just need to become skeptical pragmatists. The road to equilibrium (Toulmin’s term) is via skeptical pragmatism. Or is it pragmatic skepticism? There’s the rub.
Some pragmatists and neopragmatists likely conclude that Toulmin has confirmed what they’ve been trying to tell the rest of us for years. Pragmatism’s where it’s at; where the action is. To them I, and I think Toulmin, would say: *Festina lente* (make haste slowly) or, in this instance, *lege lente* (read slowly). Here’s why.

For starters, when Toulmin says that what we need is equilibrium, what he must mean by this is equipoise, for the following reasons. Interesting though equilibrium theory is to economists, as Toulmin reveals in his discussion of Joseph Schumpeter, equilibrium is not something we should want to attain. When equilibrium is attained, the market does not simply rest, it grinds to a halt. In fact, it dies. Hence, Schumpeter’s thoughts about equilibrium need to be juxtaposed to those of his contemporaries (Menger and von Mises), who believed that markets cannot live without some disequilibrium. Put another way, a healthy balance is not a state we simply attain, it is a state of being we must maintain. Hence the observation that one sign of a healthy mind is its ability to hold contradictory impulses in tension. The solution to ethico- and-fro-ing, therefore, is not making it all stop (stasis) but learning how to manage whatever it is that pulls us too much in this or that direction.

Equipoise is also what the skeptics were after and what philosophical skepticism can lead to. Hence, what Toulmin is—and the rest of us should be—after is equipoise, not equilibrium. Equipoise is also what Montaigne and Wittgenstein sought after and eventually found because and in spite of the tumultuous times in which they lived.

This said, we can put the pragmatists and neopragmatists in their place, by showing that having all these conceptual tools at their disposal does not and cannot solve the problem. The problem is our dis-ease, which arises because of uncertainty, which emanates from the “wound.” Once we know that there are no foundations, that what has been posited as given is but the Myth of the Given, this only creates the illusion of stability. After all, how can and do you know which conceptual tool to use? If we are to philosophize with a hammer, how are we to know what we ought to do with it? Either we are to use it instrumentally as Dewey would have us do, or we are to use it as Nietzsche did. Which shall it be? How do we know? The nature of our problem, as well as the fact that we have a problem, is suggested by none other than Wittgenstein himself:

Think of the tools in a tool box: there is hammers, pliers, a saw, a screwdriver, a ruler, a glue-pot, glue, nails and screws. The function of [the] words [we use in philosophy] are as diverse as the functions of these objects. Of course, what confuses us is the uniform appearance of words [and tools]. For their application is not presented to us so clearly. Especially when we are doing philosophy.

Worse yet, suppose we find that nothing works? Or that we have no tools? What then? Philosophical pragmatism has no answer. Hence, the skeptical pragmatist must be skeptical of pragmatism (or pragmaticism).

This seems to be the only plausible conclusion that reconciles everything Toulmin says, especially because he says that there is more to moral discernment than *phronesis*, in a section that will cause as much dis-ease among casuists as among pragmatists. What is that special something? The “tacit dimension.” Is this the secret? The special something that no one will talk about? Reveal? Let us...
all in on? Hardly. It’s just that something we call “knack, wit, or cunning”; in Greek, it’s simply *metis* (pp. 177–185). What’s *metis*? It’s what Odysseus had (and his crew did not). It’s knowing when to zig instead of zag; when to hold, and when to fold. It’s the genie in the bottle that doesn’t come in and can’t be bottled.

*Metis* is what’s needed to do the high-wire balancing act that we call medical ethics. It’s what enables us to live with uncertainty, with not knowing anything for certain. Skeptics have *metis*. Pyrrho had it, as did Montaigne and Wittgenstein. It’s what separates the wheat from the chaff, philosophical pragmatism from pragmatic philosophy. *Metis* explains why Beauchamp and Childress can say that inductivism is method without content, and why we say of practical philosophers that there must be a method to their madness.

Is *metis* what we need? Evidently it is, if we are not to succumb to the despair of nihilism, which is what worries Toulmin in an age where “God is dead” and the “Cartesian tradition” is off to the morgue. (Evidently, medicine did not save the “life of ethics” after all.) How do you get some? Here’s where I wish Toulmin had taken the problem of nihilism by the horns, discussed what Richard Bernstein calls the Cartesian Anxiety, brought the existentialists in, by which I do not mean Sartre and Camus, but such hopeful thinkers as Jaspers and Marcel. If we have no reason to have faith in Reason or in Religion, reading more Kirkegaard is not going to enable us to overcome the despair that comes of facing a world of complexity now that we find ourselves where we started out, floating in water over our heads in the Sea of Uncertainty.

Intentionally and knowingly or not, however, Toulmin does point the reader in the right direction, in two specific ways. One is his discussion of occupational therapists and what they do, which consists of helping people to make something of their futures, which is especially important for persons who find themselves having to live an unimagined existence (pp. 151–154). Even if we can’t make something out of nothing, we can make something out of nothingness. In fact, making something out of nothingness seems to be what we’ve been doing all along. To some extent, this is what *metis* is really all about, not simply pulling the fat out of the fire—anyone can do that—but the bone and its meat as well.

But how, in this disenchanted world, are we to find the will that can enable us to make our way. Why be moral? Why care to be moral? What’s left for us to place our faith in if “God is dead” and the dream of Reason was just a dream? Practically speaking, given all that we know, all that’s left is for us to place our faith in one another. Credo non quod, sed quia absurdum (to have faith not because it is absurd, but in spite of the fact that it is absurd). We must help each other. Or, as Toulmin suggests:

> Nothing is more enriching than to get . . . help from someone who has an open ear, and an open mind, toward whatever is of concern to their fellow humans. As Jeremy Bentham put it . . . , ‘The best way to influence people is to appear to love them, and the best way to appear to love them is to love them indeed.’ (p. 154)

—Giles Scofield

**Notes**

Fair warning to the reader: *Culture of Death: The Assault on Medical Ethics in America*, by Wesley J. Smith, is hard for me to review. I work at Rush-Presbyterian-St. Luke’s Medical Center, where in April 1989, Rudy Linares removed his son, Sammy, from a ventilator at gunpoint. I took the criticism hard and was critical of others who were in the outcry. In fact, some of the people Smith criticizes are people with whom I had differences. Yet, Smith’s views are so harsh and alien to my understanding of the culture and practice of healthcare that I find them off-putting. Further, he and I participate in the same listserv, where I often disagree with his postings.

This book, part cri de coeur, part hysterical rant, mostly shot across the bow of contemporary bioethics, is a kind of Bioethical Nemesis, written by someone toward the edge of the field, someone with a powerful passion, a keen mind, a sharp pen, and a thick skin. The book grew out of his editor’s request for him to write “a book on the modern bioethics movement, because he knew some of the things I had written on some of the issues I address in this book.” Initially, Smith thought the book would be about policy, but because “bioethics . . . is about ultimates,” however, “it became quite personal as well.” Many readers in this book will experience his passion as personal and, I believe, often hurtful.

From the crucible of lectures opposing physician-assisted suicide, Smith has skimmed off a collection of sickening stories about clinicians’ treatment of patients and family caregivers. These stories are Smith’s most profound contribution. Still, Idries Shah wrote that the narrow scholar distorts the field. Smith’s distortions yield sharp focus on the work of other narrow scholars, some of whom are very influential in healthcare ethics and in attempting to shape public order. If the issues merely concerned the academy, where the intensity of conflicts is inversely proportional to the stakes, the book would be just another voice in a flap. But bioethics is about the proper use of power. It’s about what to do when people are sick or injured; about when they may live or die; and about how healthcare will contribute to their lives. This makes Smith’s distortions all the more problematic.

Six chapters are a sustained critique of “medical cleansing,” his intentionally provocative term for the commitment of “most bioethicists” to stopping treatment, letting people die, assisting patients in their suicides, euthanizing patients, not treating people with disabilities, dehydrating the “cognitively disabled” (including people in a per-
sistent vegetative state), and harvesting organs from PVS patients, anencephalic infants, and other infants who have lethal anomalies. The seventh chapter offers recommendations for people and the society to protect themselves against the culture of death.

Understanding that healthcare ethics is everybody’s business, the author’s purposes are . . . to alert my readers to the intentional undermining by bioethicists of the fundamental moral principles that have long governed our society, and to invite them into the crucial, ongoing debates about their health care—debates that will . . . determine the future of Western medicine. (p. xv)

He calls readers to action to shape the public order themselves and not let it be shaped for them by the elite who concern him.

Obviously, healthcare ethics is a culture, which develops and passes information, perspective, and method along to others. A major artifact of this culture is its established solutions to re-occurring problems. Less obviously, an established solution of the culture of bioethics is, in Smith’s view, a commitment to making certain vulnerable people dead:

Our culture is fast devolving into one in which killing is beneficent, suicide is rational, natural death is undignified, and caring properly and compassionately for people who are elderly, prematurely born, disabled, despairing, or dying is a burden that wastes emotional and financial resources. (p. 241)

He claims that the root of the problem is a major and influential intellectual error of the “culture of death”: its easy equation of letting people die by autonomous refusal of treatment with suicide. Many will disagree, but I think he’s put his finger squarely on a major distortion of the field by some of its leaders.

Along the way, he writes with an ear for lapel-grabbing rhetoric, peppering nearly every page with grenades like “cognitively disabled,” “lethally nonjudgmental,” and “futilitarians.” Whatever else it is, the struggle for ethical understanding and living is a struggle for useful language. In the closing pages, he calls for people “to keep . . . language precise and descriptive, particularly when it comes to life and death.” Hmm, I wonder how Smith’s reference to PVS patients as “cognitively disabled” fits his demand for precise and descriptive language.

His analysis of Nazi medicine compares Nazi doctors’ dual loyalties to the health of the state and the patient with today’s managed care functionaries who serve their organizations and their organizations’ patients. And he illustrates the Nazi parallels with today’s efforts to legalize assisted suicide and euthanasia and to identify people whose life is not worth living, people with disabilities and infants with serious—or whatever the parents consider—birth defects.

His analysis of the efforts of People for the Ethical Treatment of Animals to stop research using animals fits my own experience with PETA as a member of an Institutional Animal Care and Use Committee.

Despite the strengths of his book, Smith’s claim that bioethicists are intentionally undermining fundamental moral principles governing the society is simply too sweeping for the support that he offers. He recounts distress stories concerning bad end-of-life care, but he neither recounts nor counts stories on the other side of the issue. Similarly, his mantric emphasis on the Hippocratic tradition and oath seems not to recognize other ancient influ-
ences on medical practice, like the Prayer of Maimonides. He writes about the do-no-harm principle without a sense of the tragic choices that often beset clinical care. Certainly, ethics is everybody’s business, so it is a worthy and urgent project to examine the relationship between bioethicists’ values and those of the broader society. But not only is attempting such a project far beyond the scope of this book, it is what this book presupposes.

His history of contemporary healthcare ethics jars me. Where he sees a bioethicists’ program, I see the Declaration of Independence and the language of Justice Cardozo. He sees bioethicists framing the language of laws and court decisions; I see a melange of ethical and legal thought, each borrowing from the other, not always critically. He sees bioethicists creating out of whole cloth the principles that are widely scorned as the Georgetown mantra; I see a Congressional mandate to formulate principles to govern research and treatment. He sees ethical relativism; I see ethical pluralism.

Most worrisome, he sees thoughts he considers unthinkable. Lots of them. Flowing from bioethics. But no bioethicist gave Rudy Linares the idea of removing his son from the ventilator. Bioethicists don’t whisper authorization to moral entrepreneurs who kill their loved ones.

So, where he sees unthinkable thoughts, I see human beings testing trial statements—thoughts that they may eventually judge unthinkable. Many of the bioethicists’ conclusions that he protests are just trial statements that their authors are supporting as well as they know how. That’s how the field progresses. Like Anne Lamott’s “shitty first drafts.” Except often enough bioethicists’ publications are society’s first drafts.

I like Smith’s stories best. In his stories, his voice is at its most human and vulnerable. Throughout, he tells stories about which one should say, “To know my deed, ’twere best not know myself.” He says that (1) a child nearly died because the on-call doctor wouldn’t take the father’s messages; (2) a 76-year-old man was neglected to near-death despite his family’s pleas, was finally taken to intensive care because of their peremptory demands, too late; (3) Bert Keizer, a Dutch physician and author of Dancing with Mr. D, bullied (my word) clinicians to delegate their moral responsibility to him as he euthanized a patient, “If anyone so much as whispers ... ‘uncertain diagnosis,’ I’ll hit him”; (4) Lucette Lagnado, taking care of her elderly mother at home, had a doctor thunder at her, “What was I doing keeping a sick mother at home. ... He asked: ‘Is she really alive?’”

These stories should not be part of any clinician’s memory about themselves or their colleagues. No patient or loved one should be able to tell them about clinicians. These stories are not about the tragic choices of clinical care. They’re about virtue yet to be developed. Still, not one of Smith’s stories contains the link essential for his case: the voice of the bioethicist who provided moral authority for unprofessional behavior.

To me Smith is primarily a consumer advocate, a town crier. He is a scholar, but a narrow one. Still, even as a narrow one, he makes an important contribution. If he became a broad one? Now that is an interesting thought.

—Russell Burck