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## ***Book Review of *The Anticipatory Corpse: Medicine, Power, and the Care of the Dying*, by Jeffrey P. Bishop***

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*The Anticipatory Corpse: Medicine, Power, and the Care of the Dying* by Jeffrey P. Bishop (Notre Dame, IN : University of Notre Dame Press , 2011 ), xv + 411 pp.

Contemporary western culture—and specifically contemporary medicine—lives in denial of death. The economic, political, and social behemoth that is contemporary healthcare deploys all the weapons in the medical armamentarium to reject death, to forestall it, to refute its very existence and its power over us. The biotech industry, particularly in its pharmaceutical incarnation, joins this battle, promising that soon, very soon, youth will be extended, aging and senescence will be an historical artifact, the span of life will exceed what we can imagine. The medical-industrial complex must be unfettered in this work, free especially from government intervention, for to allow the State into the sacred space of the clinic, that privileged relationship of physician and patient, will only be to court death, inevitably bringing “rationing” and “death panels.”

Or so goes the regnant myth.

Jeffrey P. Bishop, a physician and a philosopher, tells a different story. In *The Anticipatory Corpse: Medicine, Power, and the Care of the Dying*, Bishop—who is the Tenet Endowed Chair in Health Care Ethics and the Director, Albert Gnaegi Center for Health Care Ethics at Saint Louis University—argues that rather than living in denial of death, “death is at the center of medicine, at its core, and even at its *cor*” (p. 8). Tracing the development of an epistemology of death and a shift to a metaphysics of efficient causation in late eighteenth-century medicine, Bishop further argues that death and its violences are present in and cloaked by the practices of contemporary medicine; that a medicine shorn of formal and final causality, reduced only to efficient causality, is deeply problematic; and that we can see these dynamics played out not only in the configurations of contemporary medical practice, but equally in the allied discourses of bioethics and biopsychosocial medicine, particularly insofar as these discourses treat death and dying.

These are original and insightful claims backed by superb scholarship and careful, effective, and compelling argument. Bishop weaves together evidence from primary and secondary texts in the history of medicine, seminal philosophical and critical theorists, contemporary bioethics and clinical medicine, and more. His reading of the history of medicine and bioethics provides a far more plausible account than most of the unnuanced, linear, continuous, triumphalist readings of this history typically encountered in bioethics. Bioethics, especially in the ways it simply serves as a handmaiden for this epistemology and metaphysic in service of the state, withers under this physician's gaze as he unmasks its nihilism.

Bishop's argument is strengthened by two additional features of the book. The first is his social location as a practicing internist—he launches this *tour de force* from inside the world of contemporary, clinical medicine whose realities he knows well. He has walked with patients through their journeys of healing and dying; these patients seem almost tangibly present throughout the book, a silent cloud of witnesses auditing his argument. Second, Bishop's writing is refreshingly clear. It is a rare hand that can render Foucault and Heidegger accessible while telling an engaging narrative of death—a page-turner whose art, complexity, and power are impossible to capture in a brief review.

Bishop's argument develops in three parts. Chapters one and two provide the historical and philosophical grounding for his analysis of contemporary practices. Here he traces how four disparate developments in late eighteenth-century medicine—the post-Renaissance medicine of the forms, the clinic, pathological anatomy, and statistical medicine—came together to transform the conceptualization of the space and location of disease. Chapter 1, “Birthing the Clinic,” provides a clear, succinct, and focused review of Foucault, whose work is essential to Bishop's argument. Of the many nuanced points of Foucault's analysis marshaled here, two are of particular importance. First is Foucault's claim that the dead body becomes epistemologically normative for contemporary medicine via the development of anatomy and pathological medicine (p. 29), that “death becomes the fundamental ground of medical knowledge” (p. 59). Second is Foucault's observation of nominalism's effects on the metaphysics of medicine: late eighteenth-century medicine precludes formal and final causation from its understanding of the body and elevates material and efficient causation. With this epistemology of death, “the resulting metaphysics of efficient causation allows mastery over the living body as a machine, as dead matter in motion . . . . In addition, this medical nominalism allows not

only for an exhaustive description of the body in motion but also for an exhaustive description of the body politic” (p. 60).

Foucault traces these developments through 1830. In Chapter 2, Bishop extends Foucault's analysis into the late nineteenth century, examining how this epistemology and metaphysics shaped what appears to be a medicine of “life”—that of the preeminent physiologists Xavier Bichat and Claude Bernard. Here he also narrates the development of statistical medicine. Via the rise in Germany of *Statistiks*—the story of the State—and “political arithmetic” in Britain, Bishop shows how medical dominion comes to coincide with the space of the state, not only via epidemics and later public health, but more importantly through the normalizing notion of the “ideal type,” extending itself particularly through the emerging fields of psychology and eugenics via the work of Francis Galton. Medicine and the state, in other words, have long been deeply intertwined.

In transitioning from part one, Bishop notes that “with the rise of physiology it requires very little imagination to realize that a dead, nonfunctioning organ can be replaced by another dead, nonliving machine” (p. 91). In part two, he proceeds to show, carefully and compellingly, how this logic, with its epistemology of death and metaphysics of efficient causation in service of the body politic, has shaped and continues to shape the contemporary approach to end of life care. The reader becomes spectator to Bishop's vivisection of the intensive care unit (Chapter 3), contemporary debates about physician-assisted death (Chapter 4), the redefinition of death as brain death by the Harvard Ad Hoc Committee and the President's Commission (Chapter 5), the development of and rhetoric around organ transplantation (Chapter 6—a particularly macabre account), and the culture wars over the care of patients in a persistent vegetative state (Chapter 7). Particularly illuminating is his account of how bioethics, as it has emerged over the past forty years, has served to advance and mask the absurdities and violences essential to this intertwined complex of end of life practices.

Readers may well be surprised by the third section, where Bishop deploys his analytical scalpel on the development of biopsychosocialspiritual medicine and palliative care. Here statistical medicine, which gets little play in part two, returns: “If death cannot be mastered through the use of technology, perhaps it can be mastered psychologically and sociologically through expert discourses of psychologists and social scientists” (p. 228). Via the now ubiquitous assessment instruments for grief, religiosity, spirituality, meaning and more—instruments that continue to eschew questions of formal or final cause—medicine seeks to become totalizing. Importantly, Bishop shows how contemporary palliative care has diverged in essential ways from Cicely Saunders' original vision and practice of hospice.

The final chapter, entitled “Anticipating Life,” provides the constructive turn and gestures toward places of hope. The bulk of the chapter develops a reflective and almost lyrical phenomenology of embodiment, one that seeks to demonstrate how formal and final causes—“intentions and capacities and potencies . . . particular histories and *telo*”—are embedded in the body, deeply bound together with material and efficient causes (p. 289). This account of embodiment also generates a phenomenology of accompaniment, a mutually constitutive call-and-response of patient and physician that calls the physician (and community) equally to “do something” for the patient but to also and always to “be-there-with and suffering-there-with” the patient.

In the end, this physician-philosopher offers the following “hesitant” conclusion, offered in the final paragraph of the book:

It might just be that the practices of religious communities marginalized in modernity and laughed at as unscientific are the source of humane medicine. Perhaps there, in living traditions informed by a different understanding of space and time, where location and story provide meaningful contexts to offer once again hospitality to the dying as both *cura corporis* and *cura animae*, we will find a unity of material, function, form, and purpose. . . . We have now moved away from phenomenology to questions that bear on thinking and doing, which are questions properly of holy men and women, of saints . . . who offer themselves to the living and the dying. Avoiding a theological turn here becomes hazardous. . . . Might it be that only theology can save medicine? (p. 313).

And so we see what is at the *cor* of Bishop's alternative epistemology—an epistemology of life.

Book reviews must offer critiques, so I will offer two. His section on the medical school at the end of chapter two is too short and not well integrated into the overall argument. More substantively, Bishop introduces Agamben and his invocation of the Greek notions of *zoē* and *bios*—bare life and the good life—in Chapter 7 to dissect the cultural cacophony around patients in PVS. This section is far less compelling than the rest of his analysis.

But these are mere quibbles. Because of its interdisciplinary breadth and depth, its nuance and precision, and its take-no-prisoners approach, this book will prove to be a seminal, conversation-changing monograph especially in bioethics and philosophy of medicine. Most bioethicists, I hazard, will take umbrage at the book, but the argument will be difficult for them to gainsay. It will challenge the fundamental presuppositions that structure most courses in bioethics or death and dying. It is certainly a must-read for scholars and graduate students in these fields, but with guidance, it is an accessible and important text to use with undergraduates interested in bioethics or theology and medicine as well.