THE MEANINGS OF HEALTH AND ILLNESS: MEDICINE, RELIGION AND THE BODY

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As a result of differing interpretations of the nature of health and illness between health care professionals and parents, Lia Lee, a child, died after a series of epileptic fits.¹ For her doctors, Lia’s epilepsy was an illness that could be treated, but for her parents, Hmong immigrants to the USA from Laos, the fits were not a sign of illness or disease, but a sign that a divine spirit moved her. Both the doctors and the parents were well intentioned, both wanted what was in Lia’s best interests, but their cosmological understanding of ‘the problem’, and the meaning of the illness and its management differed. The relationship between doctors and parents was characterised by misunderstanding and distrust. Indeed, as Amy Gutmann has pointed out, ‘Their views are not complementary, but conflicting, and it is hard even to conceive of how they could have been made sufficiently complementary in the short run to overcome the many misunderstandings that resulted in tragedy.’²

The object of scientific study of medicine is the physical body. As Ivan Varga points out, modernity has meant ‘materialising’ as well as ‘scientificising’ the body, which is studied as subject to the laws of nature. ‘Advances in biochemistry, genetics… dietetics, etc., together with their often watered down popularisation, spread the image of the scientifically determinable natural body. The healthy body—in itself not a bad thing—is more and more associated with scientific advances’. Yet in medicine, such treatment of the body may limit our perspective and communication about who or what is being treated. We need to ask ourselves whether this treatment concerns only the disease, or the human being. To treat the human being is to recognise they way in


which their world view inscribes the body with value, and makes illness and health meaningful.

The secular state and debates in medical ethics

Contemporary political philosophy presents the ideal of a state that is neutral in respect to religion, and the differing value systems accepted by its citizens. In medicine and the health care system, however, we find that the state cannot be neutral. It must have a view (or an implied view) on different conceptions of life and death, for instance, to manage the legislation of organ donation, euthanasia, abortion, and stem-cell research. In all of these issues, religious perspectives on moral issues are seen in contrast to science. ‘Science deals with facts, not values, and medicine is a science’.

Hence, we can have an ideal of the medical system being concerned with ‘health’, as opposed to morality, values or ‘religious preferences’, and religious preferences or values understood as personal choices relating to autonomy. It is not that there should be no limits to what medical research or what medical procedures should be undertaken based on moral concerns, but our policy approach to this should respect the ‘facts’, as these are considered ‘value neutral’ laws of nature. It appears there is little within the framework that makes distinctions between facts and values to accommodate religious perspectives. These are seen as empirically untrue, and based on authoritarian dogma, or sentiment. Not every perspective can be, or should be, permitted to be expressed. The law must limit our choices to those that are morally acceptable, specifically in relation to the harm we may do others. But, what is morally acceptable depends upon constructions of the body and the world that are contested.

The way in which we frame our moral and political discussion, therefore, is limited both to a particular conception of the body, and a particular approach to religion. The approach to the body is that of the individual, limited organism, and our approach to religious values is an example of the privatisation of religious belief to a preference. The objective of this book is to broaden these horizons. This book addresses this issue through presenting different disciplinary and religious perspectives to medicine, religion, and the ethics of illness and well-being. These alternative perspectives enable us to move beyond our preconceptions about the ‘value-free basis’ of science and medicine, as