Ivan Illich’s Medical Nemesis and the ‘age of the show’: On the Expropriation of Death

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Abstract
What Ivan Illich regarded in his Medical Nemesis as the ‘expropriation of health’ is exacerbated by the screens all around us, including our phones but also the patient monitors and increasingly the iPads that intervene between nurse and patient. To explore what Illich called the ‘age of the show’, this essay uses film examples, like Creed and the controversial documentary Vaxxed, and the television series Nurse Jackie. Rocky’s cancer in his last film (and his option to submit to chemo to ‘fight’ cancer) highlights what Illich along with Petr Skrabanek called the ‘expropriation of death’. In contrast to what Illich denotes as ‘Umsonstigkeit’ – grace or gift, given freely, gratuitously – medical science tends to be tempted by what Illich terms scientistic ‘black magic’, taking over (expropriating) the life (and death) of the patient in increasingly technological ways, a point underscored in the concluding section on the commercial prospects of xenotransplants using factory farm produced human-pig hybrids or chimeras.

Key words
expropriation of death, Ivan Illich, Film representations of medicine and nursing, screen technology, xenotransplantation

1 | HOSPITAL AESTHETICS, MONITORS, AND ‘THE AGE OF THE SHOW’: FROM NURSES JACKIE TO ‘VAXXED’

The medical world view includes a seemingly compulsory medical aesthetic or ‘look’: hospitals and medical offices must have a certain architectural design, as evidenced in different health centres, across the nation, in different lands, especially hospitals and research institutes intended to display the cutting edge: this corporate and scientific aesthetic inspires both patients and prospective donors and is already part of the point regarding medical costs for Ivan Illich.1 The conspicuous character of the same aesthetic invites Michael A. Peters, Keith Hammond and John S. Drummond to describe hospitals in their Gadamerian discussion of Illich as ‘monuments of narcissistic scientism’ (Peters, Hammond, & Drummond, 2007).

In addition to this ‘look’, there is the ‘gaze’ as Illich analyses ‘the age of the show’.2 As Jean Baudrillard and Guy Debord likewise remind us (Baudrillard, 1991; Debord, 1967), this ‘show’ is what we take for granted. Our monitors and screens compel our attention even more than the human face, more – as Pokémon Go augmented-reality games have now amply demonstrated, had we needed more evidence – than the outside, supposedly ‘real’ world, more indeed than anything. Part of the reason for this is the innocent, meaning unconscious, seduction of response. Illich calls this the ‘cybernetic’, that is, prediction and control

1As Ivan Illich writes in his chapter entitled ‘The Medicalization of Life’: ‘All countries want hospitals, and many want them to have the most exotic modern equipment. The poorer the country, the higher the real cost of each item on their inventories. Modern hospital beds, incubators, laboratories, respirators, and operating rooms cost even more in Africa than their counterparts in Germany or France where they are manufactured: they also break down more easily in the tropics, are more difficult to service, and are more often than not out of use’. Illich, Limits to Medicine. Medical Nemesis. The Expropriation of Health (London: Marion Boyars, 2010[1995]), p. 56.

via input secured with instantaneous feedback\textsuperscript{3}: point and click, tap and click. Each small action yields an immediate reaction, even if it is only a little wheel spinning, or an automatic notification. It doesn’t matter that it is a signifier of delay, it doesn’t matter that the notification is automated. What matters is that there is always a response.

More than anything else in the world, my computer, my cell phone, my tablet all respond to me. This is the paradigm of, it is a paragon of, Hegelian recognition.

The instrumental mediation of the medical gaze was established well before the neatly haptic metonymy we today call the ‘digital’ era as Ivan Illich and Barbara Duden have written about this in history as has, in a different mode, Michel Foucault, adding to analyses on both sides of the question of the clinical gaze, including Roy Porter’s discussion of ‘The Patient’s View’ (Porter’s, 1985) which has had a wide influence beyond psychiatric medicine to medicine in general (without however, as has also been argued, contributing to any substantive changes).\textsuperscript{4}

Indeed, recent study links documentation practices, with their workstation intensive demands, with increased patient mortality.\textsuperscript{5} For the nurse and medical professional, the means whereby one interacts with a patient is often digitally mediated, via monitors, often with a cell phone as accessory: instruments featuring the ‘computer face’, inasmuch as Adorno would remind us that any instrumental display has a face.\textsuperscript{6} Thus, the primary signifiers of the medical ‘look’ of the equipment in the examining room also compete with the patient in engaging the medical ‘gaze’; these instruments are ‘faces’ to attend to, near occasions for the newly named, but hardly recent, experiential phenomenon of ‘phubbing’;\textsuperscript{8} that is, a device-focused-snubbing in which we insist on concentrating our attention on our devices (usually our phones but also tablets), thus ignoring others around us. Studies on this phenomenon in a medical context focus on charting but also patient observation such that looking at the person of the patient often takes a second place to a display.\textsuperscript{9} Thus, there is an imperative need for a nursing philosophy of technology to explore the cyborg ‘paradigm’ of biotech and informatics.\textsuperscript{10}

Nursing philosophy has long pointed out ‘carative’ elements and technology directly affects this if, as Heidegger also argues, famously, complicatedly, that the ‘essence of technology’ itself is nothing technological. Heidegger’s analysis anticipates the exacerbation of technology in medical practice, ‘challenging forth’ as the mode of technological ‘revealing,’ from surgery to the simple act of drawing blood, all the way to the warehousing that is what Heidegger called ‘standing reserve’ for technologies but also of the patients themselves as the stock of a clinic. Technologies mediate what Heidegger also called the ‘age of world view’, in this case the medical picture of the patient.\textsuperscript{11}

In his The Death of Humane Medicine and the Rise of Coercive Healthism,\textsuperscript{12} Petr Skrabanek highlights the social (and today increasingly) politically legislative role of what Peter Conrad drawing his inspiration from Illich calls ‘The Medicalization of Society’ (Conrad, 2007). Mandatory vaccination (a taboo topic) plays a role here, complete with media controversies,\textsuperscript{13} just to mention Robert De Niro’s (unsuccessful) role in featuring the 2016 documentary

\textsuperscript{3}This includes searching for information for the sake of diagnosis, and perhaps especially genetic testing. See Ruth Stilton who invokes phenomenological reflection in addition to referencing Illich in ‘The Lay Patient and Genetic Illness’, Christopher Cowley, ed., Reconcepting Medical Ethics (London: Bloomsbury, 2012), pp. 160-172. For recent discussions of systems theories specifically with reference to philosophy of science, see Wolfgang Krohn, Gunter Küppers, and Helga Nowotny, eds., Selforganization: Portrait of a Scientific Revolution (Frankfurt: Springer, 2013).

\textsuperscript{4}See for a discussion of Porter (1985), including charting and record keeping, but also noting how little has emerged in response to Porter’s critique, Florin Condradu, ‘The Patient’s View Meets the Clinical Gaze’, Social History of Medicine, Vol. 20, No. 3 (2007): 525–540.


\textsuperscript{7}Also see Ana Paula Teixeira de Almeida Vieira Monteiro, ‘Cyborgs, Biotechnologies, and Informatics in Health Care – New Paradigms in Nursing Science’, Nursing Philosophy, Vol 17, Nr. 1 (January 2016): 19–27. Noting the perceptual and conceptual limits of that same machine-mind meld, one might invoke Heidegger or Merleau-Ponty to add to popular discussions of the internet on the human tendency to attempt, and usually (so statistics tell us) to fail, to do two things at once and Hans-Peter de Ruijter, Joan Liaschenko, and Jan Angus offer an essay instructively informed by Jacques Ellul and Langdon Winner: ‘Problems with the Electronic Health Record’, Nursing Philosophy, Volume 17, Issue 1 (January 2016): 49–58.

\textsuperscript{11}As de Ruijter, Liaschenko, and Angus (cited above) would suggest, determining which master one serves by such means can be a difficult question, almost like the question of scanning technology in supermarkets: does this simplify check out for customers, check-out clerks or is it not rather directly for the sake of inventory management?


\textsuperscript{13}But see Skrabanek’s ‘Why is Preventive Medicine Exempted from Ethical Constraints?’ Journal of Medical Ethics, 16 (1990): 187-190.
Vaxxed\textsuperscript{14} at the 2016 Tribeca Film Festival this past spring.\textsuperscript{15} Whatever one’s views on such controversies, claimed benefits (and claimed risks included), for Illich the practice of vaccination would be today’s way of ensuring that a child grows up ‘compliant’ with the medical system,\textsuperscript{16} substituting for the standard removal of ‘ade-noids’ (Illich’s example) as a ‘rite of passage’ for children in the United States, today, via ‘coercive’ legislation of vaccinations pre-requisite for school and, in many cases, employment.

I mention the documentary Vaxxed contra the titles of the many books on the vaccination controversy over the past few decades,\textsuperscript{17} because films and media controversy are more likely to get our attention than books in the ‘age of the show’ (including sports events like the World Cup as it obviously also includes things like Brexit and US presidential elections). Thus, the ideal look of medicine drives popular television series like Grey’s Anatomy but also like Nurse Jackie (a series that ran from 2009 to 2015 and which may not seem to have been an idealisation but was exactly such – right down to the moralisation contra self-prescription and the classic Last Weekend thematic of the series matched together with the extraordinary insight and knowledge of the outstanding nurse, the exemplary medical practitioner: Jackie out-rises matched together with the extraordinary insight and knowledge of her excellence).

I began by talking about the look of the medical centre, its architectural aesthetic and technological apparatus of expert care and prowess, in search of miracles, akin to religious practice, phrased, as Illich describes it, as an ‘inscription in a macabre liturgy’:\textsuperscript{18}

Public fascination with high-technology care and death can be understood as a deep-seated need for the engineering of miracles. Intensive care is but the culmination of a public worship organized around a medical priesthood struggling against death (Illich, 1975).

This literal, in Illich’s terminology, ‘black magic’ requires the signifiers of ritual, including metonymic association: the tendency to equate good medical care with the sheer amount of technology. The threatened deprivation of such techno-fetishes was one of the most effective arguments contra ‘single-payer health care’ or what is called ‘socialised medicine’ down under in the United States, as restricting access to high-tech diagnostic technologies, MRIs, CAT, PET scans and so on and so on.

2 | THE EXPROPRIATION OF HEALTH: THE DYING BOXER OR ROCKY ON CHEMO

Robert Proctor’s retrospective, ‘Ivan Illich’s Medical Nemesis: Fifteen Years Later’, now 25 years old, began with a prognosis: ‘Ivan Illich is dying’ (Proctor was correct enough if the patient would live for over a decade until his death in December 2002).\textsuperscript{19} Proctor meant to deconstruct Illich’s book (Seamus O’Mahony has recently published an updated overview: ‘Medical Nemesis Forty Years On’),\textsuperscript{20} but what is important to observe is that Illich’s 1974 Lancet article, ‘Medical Nemesis’,\textsuperscript{21} offered a kind of insider view: one member of one priesthood exposing the rituals and promises of another.\textsuperscript{22}

After his Lancet article, Illich went on to lecture widely on Medical Nemesis: The Expropriation of Health, effectively speaking everywhere, and in most cases his audience was the very medical professionals he


15Or else in the UK, the controversy regarding the suppression of Ardi Reiss’ & Joan Shelton’s (2015) documentary film Positive Hell. A related but different point concerns Illich who maintains that medical technologies that are as he says ‘significantly health-furthering or curative’ is both ‘so low that the resources now squandered in India on modern medicine would suffice to make it [meaning the “actually” curative or effective technology] available in the entire sub-continent’ Illich 2003, p. 921 and amenable to lay utilisation.

16There are studies that look at just this notion of compliance, although they are also subject to discipline and punishment, not in a Foucauldian sense but in a real, who gets hired, who gets funded sort of way. I refer to Although predating the current controversies, see Alexandra Heis, ‘Infant Inculcation in the Light of a Foucauldian Analysis of Power Knowledge Relations’, gp Global Politics. Časopis pro politiku a mezinárodní vztahy [Politics & International Affairs magazine] 9. 7. 2011.

17See for example the contributions to Louise Kuo Habakus, Mary Holland, and Kim Mack Rosenberg, eds., Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children (Impact Investigative Media Productions, 2008) as well as Harris L. Coulter with Barbara Fisher, DPT, A Shot in the Dark (New York: Warner Books, 1986). Coulter is also author of a four volume in a series, including as last in the series, the 808 page (those who are not heard appear to be driven to reach 320 pages, Limits to Medicine, also was published in 1976.

18As an example, Illich talks about intensive care stations instead, suggesting that ‘The willingness of the public to finance these activities expresses a desire for the non-technical functions of medicine. Cardiac intensive-care units, for example, have high visibility and no proven statistical gain for the care of the sick. They require three times the equipment and five times the staff needed for normal patient care; 12 percent of all graduate hospital nurses in the United States work in this heroic medicine. This gaudy enterprise is supported, like a liturgy of old, by the extortion of taxes, by the solicitation of gifts, and by the procurement of victims’, Illich, Medical Nemesis: The Expropriation of Health (London: Marion Boyars, 1976), pp. 219–220.


22It should also not be forgotten, as Illich himself underlines that such critiques were in the air, see for example Michel Bosquet, ‘Quand la médecine rend malade: La terrible accusation d’un médecin’, Le Nouvel Observateur, no. 519 (1974): 84–118, and no. 520 (1974): 90–130.
was criticising. Already in 1975, at the State University of New York at Stony Brook (where I studied biology), Illich gave a talk at the architecturally monstrous Health Sciences Center to an overflowing audience his talk scheduled for one main auditorium would have to be broadcast, at the last moment, to a second auditorium, engendering a certain pandemonium — comprised of doctors, nurses, physician’s assistants, natural and social scientists, along with a scattering of philosophers.23

Both Illich and the medical profession recognise that here there is a problem. At issue is neither problem-solving nor argument, rather, and this is more difficult, it is recognising that there is a problem at all. To cure anything, you first have to know what is wrong.

Illich pulls no punches, noting (and the years that have intervened would only underscore his claims, inasmuch as iatrogenic disease has increased in the same interim) that ‘medical professional practice has become a major threat to health’.24 The expropriative point Illich makes here is a complex and fairly counterintuitive one, as he writes — and to grasp it, we need to repeat his entire list —

*depression, infection, disability, dysfunction, and other specific iatrogenic diseases now cause more suffering than all accidents from traffic or industry. Beyond this, medical practice sponsors sickness by the reinforcement of a morbid society which not only industrially preserves its defectives but breeds the therapist’s client in a cybernetic way.*

Like Max Horkheimer’s and Theodor Adorno’s focus on the industrial complex and its myriad reinforcements when they speak of the ‘culture industry’ more broadly in society and letters but not less like Heidegger’s technological assessment and question of the role of the ‘set-up’ of our very scientific technological society, qua Ge-Stell,25 Illich emphasises the systematic reinforcement and ubiquity of the ‘cybernetic’ as such (the ‘digital’) as just such an ‘industry’, specifically the medical, the healthcare industry.

To this end, Illich, a historian by formation, takes care to explain the meaning of ‘nemesis’ in his title. He begins with its classic definition and this is more difficult, it is recognising that there is a problem at all. To cure anything, you first have to know what is wrong.

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*By transforming pain, illness, and death from a personal challenge into a technical problem, medical practice expropriates the potential of people to deal with their human condition in an autonomous way and becomes the source of a new kind of un-health.*24

Contra the protestant ethic, according to which religion as such becomes a deeply personal, individual affair,26 what is for Illich taken over or ‘expropriated’ from everyman is everyman’s responsibility for his own health, his autonomy, an expropriation which often proceeds via public censure, including shaming and the suppression of documentaries like Andrew Wakefield’s Vaxxed, (mentioned above), and in some cases including criminalising options for evading health legislation.27

In what Illich named the ‘age of the show’, consider a recent film, presumptively the last of the series of Rocky films, *Creed: Rocky’s Legacy* (Coogler, 2015). Creed, an ambiguously religious title echoing the name of its young protagonist (like the first Rocky, this is a coming of age film for a youth) stars, as all Rocky films star, Sylvester Stallone, old Rocky: today’s everyman, diagnosed with cancer, same as his wife’s, Rocky’s Adrian. Rocky never changes — same old Rocky — he visits Adrian’s grave as regularly as he first courted her at her brother’s pet shop — indeed, he still has the turtles who make a cameo appearance, much grown in the interim. Filmic history makes the everyman pathos as clear as the stolid durability of the Rocky character, and in the cadences of the postmodern fall of culture, Marlon Brando’s agonised one word Stello more than matches Rocky’s Ye! Adrian with no loss of viscerality in an evolution from gritty film realism to everyday pop culture which is how the culture industry does its work (elsewhere I analyse this as *The Hallelujah Effect*).28

As the Rocky film, Creed, illustrates, today’s culture industry subverts subversion by cooption: writing it into the script. Neurologically, the effect is that of *adaptation*, after a while one ceases to notice it: whether the subversive talk is that of weather modification via airplane disseminated aerosols and HAARP modification of the ionosphere or else alien technology in the *X-Files* or the simple language of conspiracy, any conspiracy at all, or else, as in this case, with reference to cancer treatment by having old Rocky dully remembering — Rocky-Everyman was never the sharpest tool in the shed, the earmark of Sylvester Stallone’s genius calling card — that the chemo Adrian took at the end of her life exemplified, to use a technical term, ‘futile care’.29 As Rocky mutters in his matter of fact deadpan: ‘that didn’t work out too well’.

We know the Rocky story because it is the story of every film (that’s what makes it a commercial industry). If Rocky begins by declining both the ultimate bootlessness and proximate pains of chemo, Rocky immediately, film time is fast time, relinquishes that resistance (there is always a sacrificial spirit of submission in becoming a patient; this too is part of Kubler-Ross’s ‘bargaining’ in the mindset of the sufferer) not at the behest of his doctor but rather his friend, his young protégé and substitute

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24Think of Max Weber on this as Martin Luther had inaugurated modernity in an important way, key to his ‘everyman a priest’, which Alasdair MacIntyre renders as ‘everyman his own Jesus’. This is a complex historical and intellectual allusion for MacIntyre and first appears in his *Short History of Ethics* but see, in the context of the philosophy of science, MacIntyre, ‘Defining a Philosophical Stance’, *The Tasks of Philosophy: Selected Essays, Volume 1* (Cambridge: Cambridge University Press, 2006), p. 16.

25From one perspective, one may look at Obamacare in the United States as such a legislation although it is more accurate to say that what is legislated is not health care but the mandatory insurance premiums.

26See for a discussion the first half of Babich, *The Hallelujah Effect* including the discussion of the music industry but also of Adorno in the second third of the book.

27This is a technical term referring to end of life treatment: see for context, for one example, N. S. Jecker, ‘Medical Futility and Care of Dying Patients’, *West J Med.*, 163(3) (Sept 1995): 287–291.
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providers, but one's own death as well. Indeed, what is most of all taken over from one, is not merely one's own health or one's ent- eignet. Thus, for one example, Ken Murray's 'How Doctors Die', can seem to align Illich's reflections in Medical Nemesis with Sherwin Nuland's How We Die. In Murray's case, himself now a physician, the author recalls as a student being led around a critical care unit asking 'where are all the doctors?' As Murray argues, doctors do not follow the usual critical, that is, 'futile', care protocols prescribed for others, including old boxers like Rocky.

Illich's language of expropriation highlights what is for him the 'inalienability' of health from the viewpoint of the individual. And Illich defines health as

a process of adaptation. It is not the result of instinct, but of autonomous and live reaction to an experienced reality. It designates the ability to adapt to changing environments, to growing up and to ageing, to healing when damaged, to suffering and to the peaceful expectation of death. Health embraces the future as well, and therefore includes anguish and the inner resources to live with it.

But just these adaptive aspects of life, as Nietzsche emphasises, philosophers prefer to deny, as Nietzsche writes of ‘The Prejudices of Philosophers’ in his Twilight of the Idols: ‘Death, change, old age, as well as procreation and growth, are to their minds objections – even refutations.’ Together with Heidegger’s reflections on authenticity, or own- ness or better said, ownedness, Eigentlichkeit, what is ‘expropriated’, ent-éignet, taken over from one, is not merely one’s own health or one’s own life, as the patient lives his or her life on the terms of medical care providers, but one’s own death as well. Indeed, what is most of all taken over from the individual is the individual’s dying of his own death:

The patient’s unwillingness to die on his own makes him pathetically dependent. He has now lost his faith in his ability to die, the terminal shape that health can take, and has made the right to be professionally killed into a major issue.

Identifying the “ability to die” as “the terminal shape that health can take” Illich addresses palliative care and our concern for what we regard as a good death, a death free from pain and discomfort. Illich argues that the great passion for hospital care among those in great pain, or the need to have a physician’s involvement at every stage, is curiously irrational as Illich clarifies what he calls a ‘pathetic’ dependency in its sheer pathos or suffering:

Opiates are not available on demand. Patients who have severe pains over months or years, which narcotics could make tolerable, are as likely to be refused medication in the hospital as at home, lest they form a habit in their incurable but not directly fatal condition.

For Illich, by contrast, pain is rendered tolerable not only by painkillers – and Illich is all for these – but also by one’s culture, ‘by interpreting its necessity’. Illich argues that this hermeneutic effect and assessment or recognition of necessity makes all the difference ‘only pain perceived as curable is intolerable’. The problem for Illich is that in our medicalised culture it is only medical authority rather than the patient him or herself that authoritatively determines, or legitimates, ‘which pains are authen- tic… which are imagined and which are simulated.’

Beyond Heidegger on solicitude, beyond the technical Ge-Stell, a concept that is too demanding here to do more than invoke it in passing, I suggest that there is a dialogue to be initiated with Kant’s notion of Mündigkeit in the notion of ‘growing up’ as Illich repeatedly speaks of this. For Illich, we spend our entire mature life ‘growing up’, or, more commonly (this is the insight of our best psychoanalysts, including Lacan and Žižek), not having grown up. Thus Mündigkeit, self-responsibility, autonomy is key for Illich, as self-sovereignty is aban- doned in advance in our culture of schooling and of medical and other industrially or culturally managed life expressions.

Illich’s theme in his Medical Nemesis is thus life as such, the whole of human life as humanly lived, with all its variation in different world cultures, over space and time. This is life variegatedly lived and it just this wild and various life, in its many aspects, mostly must include, for


31And Seamus O’Mahony, who also wrote a retrospective on Illich, has at the same time also published The Way We Die Now, a book which examines the extremes to which this same pursuit of ‘futility’ can extend, as this pursuit, like iatrogenic diseases, would seem to have exacerbated in the more than two decades since Nuland’s original 1993 book. See O’Mahony, The Way We Die Now (London: Head of Zeus, 2016).

32‘Reason’ in Philosophy, p. 134. Elsewhere I argue a further connection with that so far from relieving one of one’s cares, including the pains and challenges of everyday life, a Heideggerian ethics of assistance, of solicitude, in its most positively solicitous expression, would not free one of but much rather for those same cares. See for a discussion, Babich, ‘Du souci d’autrui et de la sollicitude chez Heidegger’ in Un Politique Brise (Paris: L’Harmattan, 2016), pp. 7–51.

33Illich, Medical Nemesis, Chapter 2.

34Illich, Limits to Medicine, p. 134. Elsewhere I argue a further connection with that so far from relieving one of one’s cares, including the pains and challenges of everyday life, a Heideggerian ethics of assistance, of solicitude, in its most positively solicitous expression, would not free one of but much rather for those same cares. See for a discussion, Babich, ‘Du souci d’autrui et de la sollicitude chez Heidegger’ in Un Politique Brise (Paris: L’Harmattan, 2016), pp. 7–51.

35Illich, Némésis médicale, p. 139. As Illich summarises his argument: ‘Il me semble que la médi- calisation progressive du langage de la douleur, de la réponse à la douleur et du diagnostic de la souffrance est en train de déterminer des conditions sociales qui paraissent comme une personne de souffrir la douleur’ (pp. 143–44).

36Indeed, even Heideggerians often fail to understand this as broadly as they might and as Illich does in his own variant conceptualisation of technology. See for a discussion, Babich, ‘Constellating Technology: Heidegger’s Die Gefahr/The Danger’, in Babich and Dimitri Ginev, eds., The Multidimensionality of Hermeneutic Phenomenology (Frankfurt am Main: Springer, 2014), pp. 153–182 and see ‘L’Humanisme’, Chapter 2 in Babich, Un politique brise.
most people in most history and in most ways, as Illich says quite un-
spARINGLY, ‘foul death, bitter death’.38

Here, to speak of Ivan Illich’s own death, just as I noted previously 
that Proctor incidentally, coincidently, likewise echoed Leo Tolstoy’s 
short story, ‘The Death of Ivan Ilyich’, I found myself in Bremen this 
past April 2016 at a fiesta style commemorative conference, after so many years: a kind of Jahrzeit at which Illich’s spirit was quite beau-
fully, ritualistically conserved, down to replicating Illich’s own habit of 
lighting candles, a ritual part of the mass but not less a beautiful ritual 
of Gastfreudlichkeit, hospitality to guests we have invited, including 
those we do not know. There I heard several comments, testimonies 
really, from participants: one young woman was proud to tell me, who 
“...[had corresponded with and spoke with Ivan Illich on the telephone – I 
ever met him in person – that she, by contrast, had known him in his 
last months. My talk had been illustrated with reference to the late 
British actor, Alan Rickman – and at this point, I should probably add 
Rickman to my cv as I seem to be specialising in references to his ac-
tory exigence. I mentioned Rickman’s Professor Severus Snape to illu-
minate the conceptual ideal of the teacher in Illich’s In the Vineyard of 
the Text and she responded that the lecture had reminded her of Illich’s 
teacherly exigence.39 Another friend, important for Illich who spoke of 
him with affection, who was one of the co-organisers of the confer-
ce, Matthias Rieger, still touched by what Lacan would call the un-
canny, would tell me that at the end of Illich’s life things got more and 
more difficult, and (this would be familiar to nurses) that at the end, 
Illich would say that he ‘hoped for death’.

There was regret in his younger friend’s recollection, still and even 
after fourteen years. But of course this hope was the point Illich made: 
not that this takes away or can assuage the pain or the passion of 
suffering what is and will be for most of us, ‘foul death, bitter death’.38

At the same time as Illich notes this bitterness he also emphasises:

*Man’s consciously lived fragility, individuality, and related-
ness make the experience of pain, of sickness, and of death
an integral part of his life.*40

We are absorbed with the golden calf that is ‘the show’. Thus, I began 
this essay by invoking architecture and technology as well as aesthetic 
and scopic signifiers to talk of that ‘show’. At work is the monotonisation 
of society on the level of, to the level of, the bourgeois, that is to say, for 
Illich, European, mainstream culture with all the anxieties and convictions 
associated thereunto, qua monoculture to be imposed, not unlike the re-
lated monoculture of analytic philosophy, on everyone else, without re-
mainder and especially and in spite of the absurdity of it, on the poor, who 
will have this imposition paid for to insure its unavoidability, including

[38] Illich 2003, 921.
[39] I developed this in connection with Illich’s Deschooling Society but especially in connection 
with in the Vineyard of the Text. “Spirit and Grace, Letters and Voice. Or: Performance Practice 
Rowling on “School”. In: Bakhurst and Fairfield, eds., Education and Conversation: Exploring 
[40] Illich 2003, 922.
For his part, and to illustrate classical Nemesis, Illich offered us the image of titanic suffering. For Illich, who himself suffered horribly, suffering is a necessary – this is Asvapati – part of the human condition.

As Illich reminds us here, the titan Prometheus was named for his overreaching greed, his measureless ambition. Thus, Prometheus and our own comparably measureless ambitions, technical ‘Nemesis’ are as the deity, which morphology means that, if we hearken to the lesson of the myth, as Illich argues, consequent upon all our powers and our own comparatively measureless ambitions, technical ‘Nemesis’ comes hard upon the heels of the same. Thus, technical Nemesis is

the backlash of progress. Paradoxically, it has spread as far and as wide as the franchise, schooling, mechanical acceleration, and medical care.24

Like Ellul, Illich highlights the structural and endemic consequences of technical Nemesis, whereby, in concord with Heidegger, there is no fix:

The main source of pain, disability, and death is now an engineered – albeit non-intentional – harassment. The prevailing ailments, helplessness and injustice, are now the side-effects of strategies for progress.46

It is to illustrate technical Nemesis that Illich draws upon the mythological figure of Tantalus and the eternally elusive appetite for Ambrosia, an elixir we may take as metaphorically as we like – in the Tantalus story ‘Ambrosia’ is, by definition, a moving target – as a parable for medical modernity and defining the medical profession as a ‘priesthood of Tantalus’, promising the limitless riches that are part of myth and phantasmatic dream.

Technical Nemesis likewise animates a certain techno-fetishism and what I elsewhere call the ‘cargo cult’ of transhumanism.47 Illich’s original example was the first successful heart transplant and the spectacular quality of that success as a literal show, which he called macabre, a word that might apply to today’s cutting edge, medical bio-technology involving the cultivation of human-pig chimeras, that is, embryonic mosaics.48 I will return to this at more length to conclude and yet we can and should note in advance that talk of pig transplants hardly fazes us. Indeed, the digital hype of transhumanism calls for limitless hacking of the body towards the perfectionist ideal of accelerated evolution on and into an increasingly technologised trajectory, Moore’s law for humanity: humanity 2.0 and so on and so on.49 And the Tantalus guild, priesthood of medicine, assuming our total devotion (that is why Illich’s ‘black magic’ critique works to characterise it), promises nothing less than ‘unlimited medical improvement of human health’.24 As Illich continues to say:

The members of this guild pass themselves off as disciples of healing Asklepios, while in fact they peddle Ambrosia. People demand of them that life be improved, prolonged, rendered compatible with machines, and capable of surviving all modes of acceleration, distortion, and stress.50

Illich, a priest (who remained one until the end of his life) speaking in parables to doctors and nurses, for the sake of life’s truth, a truth that of course includes what we do not like to speak of – and we do not need Heidegger nor do we need Leo Tolstoy as Heidegger also refers to Tolstoy’s Ivan Ilyich to identify this same taboo topic as death.

Illich talks about the co-equivalent term pharmakon,51 that is: both cure and poison, and although true to his attention to the iatrogenic, Illich emphasises both the dangers and the allure, the double bind, of glamourising prescription drugs, using the example of chloramphenicol which was then marketed as a relatively harmless drug, prescribed in the United States, as US doctors tend to prescribe antibiotics, to excess.52


48Ibid 2003, 919. Forty years after Illich’s book, we remain unable ‘to envisage an alternative to the industrial aggression on the human condition as an integral part of the curse from which he suffers’. Ibid.

49I use this expression in numerous places, see, for one early example, Babich, Nietzsche’s Science of Philosophy (Albany: State University of New York Press, 1994), p. 74.

50I will discuss this further below but see too Babich, ‘Körperoptimierung im digitalen Zeitalter, verwandelte Zauberehrungen, und künftige Übermenschen’ in: Andreas Beinsteiner and Tanja Kohn, eds., Körperphantasien (Innsbruck: Universitätsverlag Innsbruck, 2016).

49Just thinking of the 2.0 but wonder, but this is Illich’s original point, why we do not remember the iPhones of the past, the iPhone 2: no one today would (really) want one.

50Ibid. To this extent, Illich reminds us of real life beyond the dream, the hype of the culture industry, the medical industry, the technopolistic system to which we are and remain subject.


52Illich writes that chloramphenicol was prescribed ‘to almost four million people per year to treat them for acne, sore throat, the common cold, and even such trifles as infected hangnail’. The consequences were fatal ones: the use of chloramphenicol, a carcinogen, had other, cumulative, side-effects which meant that it was deleterious in effectively ‘invisible’ ways from the medical point of view. Indeed, vindicating Illich’s indictment, chloramphenicol would cease to be used widely (although its use is on the return given today’s intensified antibiotic resistance ‘Parke, Davis, notwithstanding strong clinical contraindications, spent large sums to promote their winner. Doctors in the United States prescribed chloramphenicol to almost four million people per year to treat them for acne, sore throat, the common cold, and even such trifles as infected hangnail. Since typhoid is rare in the United States, no more than one in 400 of those given the drug “needed” the treatment. Unlike thalidomide, which disfigures, chloramphenicol kills: it puts its victims out of sight, and hundreds of them in the United States died undiagnosed. This happens because of the habit of doctors not to attend to the side-effects especially when those are or can be “invisible”. Illich, Medical Nemesis, Pantheon, Chapter 2. Illich mentions aplastic anaemia as a consequence and most reports emphasise toxicity while only Illich notes the obstacles to clear indications because of the lack of follow-ups and the tendency to overprescription. Illich takes his information from US Senate, Select Committee on Small Business, Subcommittee on Monopoly, Competitive Problems in the Drug Industry, 90th Congress, 1st and 2nd Sessions, 1967–68, pt. 2, p. 565. And even 2001 pharmaceutical guides point out that ‘Therapy with chloramphenicol must be limited to infections for which the benefits of the drug outweigh the risks of the potential toxicities’. See for a more recent discussion, Richard J Fair and Yitzhak Tor, ‘Antibiotics and Bacterial Resistance in the 21st Century’, Perspect Medin Chem., 6 (2014): 25–64.
Illich mentions aplastic anaemia as a consequence and most reports emphasise toxicity. Bacterial Resistance in the 21st Century’, may be limited to infections for which the benefits of the drug outweigh the risks of the potential side-effects. Pharmaceutical guides point out, as Illich cites this here that ‘Therapy with chloramphenicol must be discontinued, or ‘magical’ efficacy. This is the preventive concern as Skrabanek reflected required an increased medicalisation, meaning statistically increasing the tendency to overprescription. Illich takes his information from US Senate, Select Committee on Small Business, Subcommittee on Monopoly, Competitive Problems in the Drug Industry, 90th Congress, 1st and 2nd Sessions, 1967–68, pt. 2, p. 565. And even 2001 pharmaceutical guides point out, as Illich cites this here that ‘Therapy with chloramphenicol must be limited to infections for which the benefits of the drug outweigh the risks of the potential toxicities’. See for a more recent discussion, Richard J Fair and Yitzhak Tor, ‘Antibiotics and Bacterial Resilience in the 21st Century’, Perspect Medicin Chem., 6 (2014): 25–64.


4 | CONVIVIALITY

In addition to writing Medical Nemesis, Illich also called for deschooling society (this reference to school is also why I spoke of Alan Rickman when I lectured on Illich in Bremen). And Illich’s programme for medicine also includes a certain deschooling, inasmuch as scholarly, cosmopolitan medical civilisation denies the need for man’s acceptance of these evils. Medical civilisation is planned and organised to kill pain, to eliminate sickness, and to struggle against death. These are new goals, which have never before been guidelines for social life and which are antithetic to every one of the cultures with which medical civilisation meets when it is dumped on the so-called poor as part and parcel of their economic progress.24

I could also have called this passage Illich’s ‘quasi-communist’, it is certainly his Christian, ‘manifesto’. For when young idealists think of going to Mexico or South America, as Illich did or else to Africa or Asia, they go, as they tell themselves, ‘to help’ the poor, which ‘helping’ is never done with anything so prosaic as bread and fishes, water or wine (and Illich scholars can note, often with some fundamentalist alarm, that Illich displayed the capacity to appreciate good wine), but and often and only through schools, through teaching and as if teaching will (or could) change the world. These idealists rarely reflect, as Illich cried out throughout his life, that these indigenous did not need teachers. They already had teachers, already knew how to live and how to die, including their own means for healing, heirs to an already immense culture, the culture that was their own legacy, the culture our cultivation of their lives and their lands excluded, exterminated along with other whole nations of animals and plants. Illich dared to ask an impossibly revolutionary question: What was one teaching them? What could one teach them? Did they need our instruction?57

56Gina Kolata, ‘Death Rates Rising for Middle-Aged White Americans, Study Finds’, New York Times, 2 November 2015. http://www.nytimes.com/2015/11/03/health/death-rates-rising-for-middle-aged-white-americans-study-finds.html. Like Illich and like the Harvard Agaozio Professor and population geneticist, Richard Lewontin, both Deaton and Case drew for their results on public health records, namely from Centers for Disease Control and Prevention. See Angus Deaton and Anne Case, ‘Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century’, Proceedings of the National Academy of Sciences of the United States of America PNAS, Proceedings of the National Academy of Sciences, vol. 112 no. 49 (December 8, 2015). The social science pair, Nobel Prize and all between them, are not raising the same questions as Illich, neither, to be sure, is Lewontin. But the difference is that Illich is specifically looking at medicine and the figures he lists in 1975 are vastly exceeded today, in terms of what he then described as ‘the phenomenal rise in cost of health services’. Illich, Medical Nemesis. See note below.

57Medicine too and what is intriguing is the primary ambition of medical expeditions, funded by the WHO, vaccination. Not clinics for broken toes or incidental infections, although there may be some of this perhaps, but the functioning of medicine, the nurses in Africa is the treatment by prophylactic means for diseases one may get, where proponents of vaccination claim all and every, meaning any decrease in disease at any level of morbidity as due exclusively to its unqualified, or ‘magical’ efficacy. This is the preventive concern as Skrabanek reflected required an ethical reflection. The AIDS debacle in Africa (and in Southeast Asia in particular) is part of that.
But where have these reflections brought us at this point, as we begin to approach the last third of this essay? From medical pavilions and patient monitoring, including Pokémon Go and cell phones and tablets, we have discussed vaccination, including film scandals, as well as Skrabanek’s well-meaning ‘healthism’ (gaining increasing visibility again, today, as ‘wellness’ movements), including ‘coercive’ preventive medicine (i.e., legislating mandatory vaccination), and in essays elsewhere I throw in discussions of cold fusion and homoeopathy and acupuncture all in addition to AIDS denialism: I could seem to be pressing every button.

For his part, Illich lived his own message: ‘lead us not into diagnosis’ was the theme of one of his later lectures. Old Illich was the antithesis of old Rocky and Hollywood would hardly be moved to make a film of his death, even for the sake of his heirs: Illich on Golden Pond would not quite work given, as he reported the clash between the Mediterranean seascape he had envisioned for himself and the grey world and twice-daily flooding of the flats around his final home in Bremen. When I visited I saw the same northern climate of which Illich spoke with wry resignation. And ultimately, this is the point of deschooling a society.

Illich always wrote against institutions as such, be it the school or the hospitals and without sparing the very centre he founded in Cuernavaca to the dismay of his acolytes. Thus, Illich at the end of his life, denies even the idea of legacy, questioning the establishment of centres as of institutions, writing that such institutions could not but undermine the life of the spirit as he, exactly literally, invokes ‘spirit’ in a talk titled with beautiful ambiguity, ‘The Cultivation of Conspiracy’. In this way, Illich reflects on the air, the atmosphere, as that shared by cofounders, recalling the historical ritual of the mass and the kiss of peace involved in sharing breathing space, one with another in breath. Spirit, as air, is written on the wind and the spirit of any movement, institution or ‘centre’ cannot but, in the end, degrade into vanity, emptiness, vanishing.

Confusion and the challenges of its cultivation offers an insight into both paradox and contingency. Illich, who, to say it again, was by no means opposed to pain management (how would he be, given his own suffering?) was however opposed to both the culture of the official denial of pain (the medical diagnosis that defines reported pains as phantom, or fantasy, when no ‘official’ cause for a patient’s complaints can be found – in this, Illich makes common cause with Thomas Szasz) as well as the official monitoring of remedies for pain. Here Illich raises questions for both the philosophical problem of the other, in a hermetic and phenomenological dimension, as well as the more classically analytic problem of other minds:

Whereas culture recognizes pain an intrinsic, intimate and incommunicable “dissolve”, medical civilization focuses primarily on pain as a systemic reaction that can be verified, measured, and regulated. Only pain perceived by a third person from a distance constitutes a diagnosis that calls for specific treatment. … [Thus the] medical profession judges which pains are authentic, which have a physical and which a psychic base, which are imagined, and which are simulated.

Both the official denial of pain and the official distribution and concomitant restriction of remedies for pain remain problems, especially for women in our culture as indeed for anyone who fails to learn – these are the ‘tactics’ of which Michel de Certeau speaks in The Practice of Everyday Life – the appropriate (i.e., the tribal or guild) language in which one efficiently or effectively communicates pain (an initiation into which language is essential in a medical context).

Illich’s point is not hardly ‘pain medication for all on demand’, although there is, as he argued, aspirin and there is, as Wilhelm Busch would say, alcohol – Wer Sorgen hat, hat auch Likör. Illich thus includes a seemingly negative paradox, counterintuitive for us, palliatively minded as we are, anaesthetically, pain-management-minded as we are, explaining that ‘By becoming unnecessary, pain has become unbearable.’ By contrast, Nietzsche reflects ‘If one has one’s why, one can put up with any how’. (TI, Arrows, §12) For Illich,

pain has come to pose only a technical question for industrial man – what do I need to get in order to have my pain managed or killed? If the pain continues, the fault is not with the universe, God, my sins, or the devil, but with the medical system.

To just this extent, ‘Suffering is an expression of consumer demand for increased medical outputs.’ Note that Illich’s analysis highlights the trouble with painkillers: both addiction and diminishing efficacy, whereby, and this is also the problem with steroids, it increasingly seems reasonable to eliminate pain, even at the cost of health. As remedy, Illich calls for nothing less counterintuitive than ‘restoring health into pain’.

5 | ON PLACEBOS AND ‘BLACK MAGIC’

Illich foregrounds the flourishing of medicine quite in spite of its irrelevance for both health and life, pointing to the paradox that: ‘Professional practice is both ineffective and

5Ibid., p. 139. Illich himself goes on to refer to Wittgenstein and the paradox that ‘notwithstanding the inabiility to communicate bodily pains, perception of it in another is so fundamentally human that it cannot be put into parenthesis. … Wittgenstein has shown that our special, radical certainty about the existence of pain in other people can coexist with an inextricable difficulty in explaining how this sharing of the unique can come about’. Ibid., p. 141.


6Illich 2003 920.
increasingly sought out.\textsuperscript{64} No matter whether one's patients are helped, they will return. For Illich, 'Not only the doctor's sugar pills but even his poisons can be powerful placebos.'\textsuperscript{65}

We are back to old Rocky on chemo, here with respect to what Illich calls 'the nocebo effect', effectively creating with the patient a voyeur of his own treatment protocol.

Medical procedures turn into black magic when, instead of mobilizing his self-healing powers, they transform the sick man into a limp and mystified voyeur of his own treatment. Medical procedures turn into sick religion when they are performed as rituals that focus the entire expectation of the sick on science and its functionaries instead of encouraging them to seek a poetic interpretation of their predicament or find an admirable example in some person - long dead or next door - who learned to suffer.\textsuperscript{66}

If the singular ideal for Illich remains the nursing ideal of care, it will not do to forget that he also calls for deprofessionalisation. As Illich consequently argues, this is a call to collaboration between different styles in medicine, a mutuality which even established medicine has slowly come to recognise in theory, if not practice where officious collaboration becomes cooption for the sake of 'institutional recognition' of the possible value of what, to preserve professionalisation and guild control, is called 'complementary' medicine. Thus:

The deprofessionalisation of medicine does not imply and should not be read as implying negation of specialized healers, of competence, of mutual criticism, or of public control. It does imply a bias against mystification, against transnational dominance of one orthodox view, against disbarment of healers chosen by their patients but not certified by the guild.

At stake are guild wars within the guild.

And for nursing philosophy it is essential to note that philosophy has guilds as well.

Hence it is relevant here, to recall that this past June, colleagues in the discipline of Sociolinguistics at the Université François-Rabelais in Tours invited me to address that seemingly most neutral of notions in philosophy: the ideal of clarity and of argumentative rationality at a conference dedicated to the excluding force of language, particularly for those marginalised in Francophone culture: native populations, but also different religious and social communities including economic and conflict-driven emigrants at a conference based in part around a book I had written on French university philosophy, La fin de la pensée (Babich, 2012).\textsuperscript{67}

I argue that analytic philosophy is increasingly the only kind of philosophy taught at universities today – a hegemony that goes back the entirety of my philosophical life, in fact my entire lifetime, as Reiner Schürmenn already pointed out more than three decades ago in his own essay on the same theme: 'De la philosophie aux Etats-Unis.'\textsuperscript{68}

Qua mainstream, this philosophic tradition can be identified as a tradition that refuses to be distinguished in any way, protesting if one names it 'analytic'. This is at least in part because analytic philosophy regards itself as having no other: it is, in its own mind, the whole of philosophy\textsuperscript{69} and thus it also refuses to recognise as philosophy any approach other than its own.\textsuperscript{70}

Like Schürmenn, I argue that today's dominant approach to university philosophy excludes large swathes of the philosophic tradition, relegated at best (and Schürmenn points to the ratio of diminution in teaching personnel that goes along with this, already '10 to 1' back in 1985, and the ratio has only increased) to what analytic philosophy calls 'history of philosophy',\textsuperscript{71} discounting as 'bad' philosophy or even 'not philosophy' (and the currently analytically inspired tradition of speaking of non-philosophy is part of this) other traditions of philosophical reflection, especially more complicated traditions, including hermeneutic phenomenology and, just to be Žižekian about it, and so on and so on.\textsuperscript{72}

More salient, perhaps, was a recent funding debate in medical research\textsuperscript{73} concerning the relation between cognitive decline and bacteria.\textsuperscript{74} Thus, we may note one scientist's frustration at finding...
herself marginalised; this was no continental philosopher speaking but a natural scientist herself reflecting on guild limitations:

There’s a great hostility to the microbial concept amongst certain influential people in the field, and they are the ones who usually determine whether or not one’s research grant application is successful.75

Echoing Illich (or, indeed, Feyerabend), evocative of the still-enduring debacle on AIDS and viruses, specific to the Berkeley scientist Peter Duesberg, Ruth Itzhaki reflected that ‘The irony is that they never provide scientific objections to the concept – they just belittle them, so there’s nothing to rebut.’76

Citing this point, my concern was to raise the question of credibility (i.e., respect) in philosophy as this is what we mean when we say that someone does ‘good philosophy’. Thus, one may invoke the getting of grants firstly because grants are things that interest academics but also owing to Illich’s institutional clarification, whereby as opposed to denying ‘public funds for curative purposes’, he criticised the exclusive ‘disbursement of any such funds under the prescription and control of guild members’.77 And yet our system continues, systematically, to ensure guild prescription and guild control. But there is still beyond academic quibbles what Illich named Nemesis and I conclude with a reflection on one ‘transhuman’ aspect of this.

6 | AFTERWORD/AFTERWORLD: ON EMBRYONIC MOSAICS AND CHIMERAS, ANIMAL FARM FOR THE 21ST CENTURY

In the spirit of a phantasm of optimised health, Petr Skrabanek’s ‘healthism’, corresponds to a certain view of life and of health. Literally opposed to death and dying, ‘healthism’ includes a cryogenic ideal, freezing life as Nietzsche wrote about this in his Twilight of the Idols, ‘mummifying’ it. As Heidegger’s student Günther Anders also saw beginning in 1956 in his book The Obsolescence of Humanity, we today are in pursuit of a new Golden Calf, a new Genesis, a new creation story, let’s call it as the philosophical social theorist, Steve Fuller would say: Humanity 2.0.78

What we want are replacement parts and we want them now. We wish to seamlessly upgrade the body, like our phones. Like our phones, this means that we want to replace defective parts and change for reasons of fashion, iPhone to Android to Windows or Google and back again, switching out bits we would have be otherwise: blue eyes, blond hair, maybe a more muscular body, maybe taller, maybe, this would be grand, and a booster for Endocrinology to boot (it already is) transgender components, Tiresias at will, etc.

Kidney transplants are a far cry from that but you get my drift. Here there is a parallel with the ideal of so-called laboratory meat: let there be no pain to animals we seem to wish to say, yet change nothing otherwise in anything we eat: this is the promise behind the hype of laboratory meat, it is the reality of vegan foods made in the image and likeness of meat patties and sausages.

We want blood on our meat because we need the smoke and atmosphere of celebration, barbecue, feast.77 As Illich reminds us, the titan Prometheus was not merely chained to his rock but his liver was daily devoured and it was, owing to Nemesis, as Illich says, restored overnight by the gods just in order to permit the agony to begin again. One could only hope for death.

We are nowhere near laboratory meat, anyone doubting this is invited to try those vegan patties or even more, what is counted as vegan cheese. Margarine does not taste like butter, sugar substitutes do not taste like sugar. Quite in contrast to sugar substitutes, replacement body bits are closer at hand if not only because they are not vegan but are by products as it were of the industrialised achievements of agribusiness. Aftercare, this is always true with surgery and this should matter to nurses who are usually the ones to deal with this, is patient’s problem. With transplants, as with any surgery it is always too late to reverse the decision excepting, at times and with decreasing degrees of viability, more surgery. The industrial dimension of health is fully expropriated for the purposes of economic interests. Rejection drugs are promised as to be abolished as unneeded but your results may vary.

Earlier, I had promised to conclude with the equation: ‘Biology is Technology’, title of a DARPA conference held last summer in Manhattan.80 I learned of this at an August conference on machine consciousness.81 The machine consciousness conference was a PR device, beautifully adapted,82 like a Pokémon lure, getting everything that had happened a month before, a touch of extra (social media) attention towards the phenomenon of accommodation: this is how priming works. Here I was introduced, in passing, to Martine Rothblatt, a transwoman featured as the highest paid woman executive in the world is a biotech CEO, including AI in all its registers. Rothblatt paid little attention to the academics swarming around her. Business executives, like pop and film celebrities, only notice what

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76 For Rothblatt’s YouTube Lecture: https://www.youtube.com/watch?v=wS2ZprEaA9.


might be of profit to their ambitions and she was thus, slightly bored, featured on the panel, where Transhumanist enthusiasts, Steve Fuller along with Dan O’Hara and especially Luke Robert Mason, sought, more or less vainly, to lionise her. The best thing about the conference was, so it goes with corporate sponsored conferences, the catering but what mattered would not turn out to be the hyped details of the AI event.

The real action was unveiled in Rothblatt’s DARPA speech, ‘Biology is Technology’, reporting key elements of the alliance between business and government funding, whereby government funds business ventures, absorbing loss and risk and assuring, guaranteeing investors, maximum returns. Everything Rothblatt pointed to was post facto, that is, underway for some time, the purpose of the conference being to announce that her company would be moving into the production phase, as she said, promising to yield ‘100,000 lungs, hearts, and other transplantable organs per year’.83

To be sure, the actual numbers will certainly vary but this summer, so it goes with internet news providers, last year’s tech news is replayed, blips in your news feed from this past June, saw an array of news releases on, you guessed it, pig organs. This too is priming: by the time this news is mainstream news it will surprise neither medical providers nor consumers/patients.

Rothblatt, the founder of Sirius Satellite radio, knows how to use the ‘Hallelujah Effect’ to her advantage, redefined in a video lecture and a sound bite: the chimera or mosaic, that is the prepared human-pig embryo is now linguistically specified as ‘genetically manipulated’, that is, and as opposed to a chimera or mosaic, or tissue-based construct or intervention. To this extent Rothblatt’s DNA splicing rhetoric ‘spins’ the details of the technique involved, promising to ‘culture’ human organs that would be ‘exact’ genetic copies. The argument plays down the meaning of chimera. What is at stake is not DNA splices or hacks but mosaics, chimeras including, to quote one biologist who corresponded with me via email, an ‘astonishingly high’ human–pig tissue ratio. This is no DNA tweak, this technique uses human embryonic tissue to create human–pig embryo hybrids, well beyond the Isle of Dr. Moreau, and manufactured on an industrial scale.

In this summer’s The New Scientist, Michael Le Page reports on experiments conducted at UC Davis, asking, ‘Human-pig chimeras are being grown – what will they let us do?’ (Le Page, 2016). This is long-standing news,85 a long-standing detail that also means, as a corollary, that we kind of already skipped the ethical discussion Illich was calling for.

The age of the show, the aesthetic dimension – Rothblatt calls this the ‘yuck factor’ – spins or adjusts the news content, whereby the named ratio of pig to human tissue is systematically reduced not in practice but just as reported over the years, tracing the media archaeology in question, from a reported 80% toned down to 40% and further cut to 20% all the way down most recently as reported in Rothblatt’s ultimate and almost infinitesimal language of a per cent of a per cent.86

The point of listing specific percentages is to use them to tell lies. Vivisection is key to science, perhaps it vivisection is science, at least it is central to medical science and we already use pig body parts in medicine. A human–pig hybrid would only offer an upgrade (some day we might expect to culture human clones for the same purposes, for premium or luxury level organ replacement, we can also expect the ethics committees to continue to debate whether we should play God or whether clones would or would not have free will or souls or what have you rather than raise the more foundational question concerning what human cloning, logically, might be good for). We are working on that and until then can perfect medical techniques for the process using pigs. If the Chinese name for the human being is long pig, I think

83See Jason Koebler, ‘Martine Rothblatt Wants to Grow Human Organs in Pigs at This Farm’, Motherboard. Vice (24 June 2015 07:00 AM EST); as well as Joachim Müller-Jung’s article, ‘Das Schwein, dein Spender. Vemmenschülcht: gentechnisch veränderte Ferkel aus München’, Frankfurter Allgemeine Zeitung. Nr. 19. S. 8 (2009). Along with Walter Weder, Jörg Seebach, and Ruth Baumann-Hölzle more functionally precise and academic report ‘Ersatzteillager Mensch’ (1.04.2015): 34–35 and very recently Fergus Walsh, the BBC medical correspondent has also reported on the ‘US bid to grow human organs for transplant inside pigs’, BBC News, 6 June 2016. In other news, the focus is on more general moral concerns, which are to be sure also ecological and political see the recent article ‘Industrial farming is one of the worst crimes in history’, The Guardian. The topic is difficult in philosophy not least because no one other than Heidegger had defined, literally, industrial agriculture as effectively equivalent to the ‘manufacture of corpses’ and compared this as well as the blockades of cities to the gas chambers, an unspeakable comparison, which does nothing to resolve the moral question of agri-culture. But one might reserve judgement on whether one needs drugs after such transplants as the last line of this article suggests.... and the time space reference that can be washed out in recent reports must be broadened include the rest of the world. Korea, China, and oh, yes, land of mirror-neurons, Italy..... not to mention the other places and corporate research which is often quite independent of federal constraints, a little detail Craig Venter knows very well. There are rules and rules... it just depends on who is funding your research. In Martine Rothblatt’s case that is the private sphere and that is also, and that is how it got my attention. DARPA. To whom she had already spoken, at the same IBM: ‘Martine Rothblatt Talks Transhumanism and Xenotransplantation at DARPA’. Friday, 7 July 2015 ‘Biology is Technology’ (see Note 88 above). As Rothblatt put, as quoted in this report as a sidebar: ‘Weird does not mean unethical – as long as the utility exceeds the yuckiness, social accept-tance wins’. Indeed, as Woody Allen once said of a family member deluded into thinking he was a chicken, ‘We need the eggs’.

84In a BBC report, Walter Low, a neurophysiologist who should perhaps know better, tells the BBC that the plan to mass produce human kidneys and human livers in pigs for transplant the details of the technique involved, promising to ‘culture’ human organs that would be ‘exact’ genetic copies. The argument plays down the meaning of chimera. What is at stake is not DNA splices or hacks but mosaics, chimeras including, to quote one biologist who corresponded with me via email, an ‘astonishingly high’ human–pig tissue ratio. This is no DNA tweak, this technique uses human embryonic tissue to create human–pig embryo hybrids, well beyond the Isle of Dr. Moreau, and manufactured on an industrial scale.

85Thus, in 2007, The Daily Mail reports on the lengthy research using sheep undertaken by See. Claudia Joseph, ‘Now scientists create a sheep that’s 15% human’. 27 March 2007. And other reports in the same year gave numbers as high as 40% in various trials, not mentioning the Stanford research on growing mice with human brain cells, up to 100%, noting with some satisfaction that the university ethics board was persuaded that there were no ethical concerns because of the size differential between human and mice skulls and thus the size of the brain, percentage or no. Part of the point of this research is to develop plasticity in all its variants. See E. J. Colletti, Airoyi, A. J., Liu, W., Simmons, P. J., Zanjiang, E. D., Porada, C. D., Almeida-Porada, M. G. 2009, Generation of tissue-specific cells from MSC does not require fusion or donor-to-host mitochondrial/membrane transfer., Stem Cell Research, 2(2), 125–138. However just three years earlier, before the trend to downsize claimed percentages became the rule, Rick Weiss reported in his article ‘Of Mice, Men and In-Between: Scientists Debate Blending Of Human, Animal Forms’, Washington Post Saturday, 20 November 2004, not only on the results of experiments conducted by Èván Balban who transplanted brain cells from quail to chickens and, thus, as Weiss summarised this research ‘The resulting chicken exhibited vocal trills and head bobs unique to quails, proving that the transplanted parts of the brain contained the neural circuitry for quail calls’. It also offered astonishing proof that complex behaviors could be transferred across species’. In Weiss article, Zanjiang’s research boasted ‘sheep whose lives are up to 80 percent human – and make all the compounds human lives make’. 
the point is an upright, or vertical similarity, as I am told, it is certainly
the case that the animal has such a great affinity to us and, instruc-
tively, to our developmental nature that one may remember dissecting,
for learning’s sake, pig embryos.

Beyond Prometheus and his own Nemesis, we add the tale of the
enchantress Circe and her pigs or even the Lucian who managed to
conjure himself into an Ass.

Nemesis indeed.

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