

**Original
Paper**

The Resurgence of Nature-Speak

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Abstract

In contemporary bioethics, two vocabularies can be distinguished: *person-speak* and *nature-speak*. The first is built around the claim that a person's moral decisions are to be respected, while the other stands on the claim that moral decisions should comply with standards for human behaviour conveyed by nature. While most bioethicists have obtained a thorough mastery of *person-speak*, they are considerably less well-versed in *nature-speak*. Apparently, the latter has lost much of its former ability to capture important aspects of moral existence. In this paper I attempt to rehabilitate *nature-speak* from a hermeneutical perspective. I believe that the task of ethics is to enlarge our range of moral description and to rediscover neglected ways of speaking about human experience. The ethicist should enable individuals in health care settings to become more articulate about their moral experience. He should not content himself with applying those moral vocabularies which happen to be readily available, but should rather proceed by recovering forgotten vocabularies from within the philosophical tradition. Finally, one particular effort at restoring *nature-speak* is critically reviewed.

Editor's Introduction to *Analysing Ethics*

Health Care Analysis accepts occasional material on ethics. However, we do not publish texts on conventional problems in 'medical' or 'health care' ethics. Rather we seek to change the emphasis, and to encourage debate *about* ethics. What, for instance, *is* medical ethics? Is it a discipline in its own right, or is it merely parasitic on 'case studies' and aspects of moral philosophy? How might 'ethical principles' be justified philosophically? And if it is possible to state philosophically justified 'ethical principles' what distinguishes these principles from other philosophical principles which occur in social and political philosophy? Indeed, what—if anything—makes these 'ethical' principles, and the others 'philosophical' principles?

Under the rubric of *Analysing Ethics* we will publish contributions (either as Original Papers or as Feature Articles) which address questions

which 'traditional ethics' ignores. For example, authors might consider how far cultural bias is of concern. Does traditional 'ethics' take the moral worth of a particular social system as read? Must traditional 'ethics' assume that the 'medical model' or the 'health system' which gives rise to its analysis is fixed and unquestionable? We will also publish papers which address the impact (or reasons for lack of impact) of 'traditional ethics' on policy-making.

In this paper Hub Zwart identifies and distinguishes between *person-speak* and *nature-speak*. In so doing he calls into question the rationalist basis of most contemporary writings in ethics.

Introduction

In contemporary bioethical debate two basic vocabularies emerge: *person-speak* and *nature-speak*. Both serve to articulate moral constraints on human action, but whereas the constraints of *person-speak* are implied by the notion of respect for the person's right to self-determination, those

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of *nature-speak* are derived from a sense of value and limit intrinsic to nature. However, these vocabularies are not used equally in current discourse. Rather, while most bioethicists have obtained a thorough mastery of *person-speak*, they are considerably less well-versed in *nature-speak*. Moreover, during recent years, the use of *nature-speak* has become increasingly uncommon. In the 'dying-with-dignity' debate for instance, more and more reference is made to arguments derived from self-determination, while a declining number of participants appeal to descriptions of a 'natural death'. Apparently, *nature-speak* has lost much of its former ability to capture important aspects of moral existence.

In The Netherlands many bioethicists dislike *nature-speak*, referring to it as a 'stubborn tradition' whose attempts to contribute to the contemporary debate are doomed to fail.¹ Such aversion is also encountered in other countries. According to H. T. Engelhardt² ethical consideration derived from *nature-speak* must be 'exorcised' from bioethical debate. In short, the progressive decline of *nature-speak* seems at least partly due to determined efforts by bioethicists to exclude it from bioethical discourse.

However, *nature-speak* somehow seems to maintain itself in some ethical debates, and especially if non-ethicists are involved. As a practising ethicist I have often noticed physicians and nurses who, while articulating their moral experience, found themselves forced to relapse into *nature-speak*, even though they were initially inclined to use *person-speak*. This occurred frequently in a hospital ethics committee when we discussed the issue of artificial tube feeding in nursing homes. Incompetent elderly patients, who are no longer able to feed themselves, often seem to resist tube feeding, notably by attempting to pull out the tube. The question then arises whether such a gesture should be taken to mean that it is the patient's wish to have his tube removed, or whether it should rather be considered an impulsive reaction that does not convey a message. Attempts to deal with this situation using *person-speak* often fail, and at this point *nature-speak* comes in. In order to clarify the moral aspects of the case, physicians and nurses suddenly start to speak a different moral language. For instance, they may claim that in such a situation one should look for the 'signs'

or 'hints' of nature that might indicate whether this life has reached its end, so that the patient should be allowed to die without further medical intervention. That is, if the patient is no longer able to speak for himself, nature must speak for him.

I take it that many ethicists in a similar situation will consider it their job to try to persuade these physicians and nurses to appeal to a different vocabulary, that is: to articulate their moral experience in terms of *person-speak*, to translate their *nature-speak* into a vocabulary considered more adequate. I do not agree with this approach. Rather, in agreement with Charles Taylor³ I hold that current vocabularies have decreased our ability to make sense of our moral responses, and that the efforts of a moral philosopher should be directed towards enlarging our range of legitimate moral description, in some cases retrieving modes of thought and description which have misguidedly been made to seem problematic. That is, I consider it my task as an ethicist to urge physicians and nurses to proceed with their efforts to elaborate their responses in terms of *nature-speak*, to assist them in giving voice to intuitions which seem to point to a sense of intrinsic natural limit, and to explore and clarify the fundamental issues to which their articulations seem to refer. What is it about nature that makes it worthy of respect? What is this seemingly ineradicable sense that natural limits are to be respected?

At this point, however, one is inevitably faced with the fact that the present dominance of *person-speak* seems to impede or even prevent the use of other vocabularies. For while *person-speak* adheres to a strong prejudice in favour of articulation by the moral subject (who is to speak out for himself), by suppressing *nature-speak* it has the paradoxical effect of making us inarticulate on important aspects of our experience. Any effort to urge physicians and nurses to explore their reasons for relapsing into *nature-speak* must be considered an exercise in retrieving important intuitions that were allowed to remain unexplicated, an effort to recover ground which we allowed to lie fallow for some decades. Such a view on the ethicist's role pertains to a particular perspective on the relationship between moral experience and bioethics, namely a hermeneutical one, which I will outline briefly below.

The Hermeneutical Approach to Bioethics

From a hermeneutical perspective, the subject who finds himself confronted with a particular problem will make interpretative efforts to come to terms with its moral aspects. In order to articulate the moral intuitions that present themselves, he will draw upon interpretative tools (concepts, arguments, vocabularies, phrases) available in his moral environment and derived from moral traditions that have contributed to contemporary moral culture. These tools, as well as the traditions from which they are derived, are fragmentary rather than complete, plurivocal rather than stable. Often, there are substantial disagreements between the different fragments encountered. Alasdair MacIntyre⁴ has formulated it clearly: '[W]hat many of us are educated into is, not a coherent way of thinking and judging, but one constructed out of an amalgam of social and cultural fragments inherited . . . from different traditions from which our culture was originally derived'. He adds that one of the most striking facts about modern political orders is that they lack institutionalised forums within which these fragmentary ways of thinking and judging, as well as the fundamental disagreements between them, can be systematically explored. But I disagree. It is my contention that a hospital ethics committee can serve as a forum where such efforts can be initiated. In fact, the hospital ethics committee in which I participated has done precisely this. Serious attempts at elucidating the claims inherent in *nature-speak* were undertaken. And on some occasions we did reach a more accurate and informed definition of the views at stake, and we succeeded in articulating the fundamental notions that emerged with greater clarity and greater fluency.

The Hermeneutics of Nature-Speak

Hermeneutics conveys a sense of profound indebtedness to tradition. In German, this tradition is referred to as 'Überlieferung', a term which, in some respects, is more adequate than its English equivalent, because it literally means that which is handed down to us. Yet, indebtedness does not imply that the legacies of tradition should be accepted in an uncritical way. Rather, in order to

estimate their significance (that is in order to be critical at all) one must become conscious of the way modern individuals are moulded by them. We as individuals are situated in a moral space, a field of experience in which our limitations (as well as the concepts that refer to them) emerge. This moral space is constituted by a long history in the course of which intuitions and concepts were time and again uncovered, forgotten, rediscovered, adapted, refuted, revised and rehabilitated.

Efforts at reaching a definition of either *person-speak* or *nature-speak* will address those aspects that seem to maintain themselves throughout these many shifts and changes. One could define *person-speak* as the moral vocabulary built around the basic claim that a person's autonomous choices are to be respected. And one could define *nature-speak* as the moral vocabulary built around the basic claim that a person should make his choices in accordance with the moral standards conveyed by nature. The difference between these two vocabularies is that whereas *person-speak* eventually amounts to a rather *formal* imperative (a person's autonomous choices are to be respected, whatever we may think of them personally), *nature-speak* tries to provide us with a *substantial* standard that allows for the evaluation of a person's choices in terms of their moral quality. Yet, from a hermeneutical perspective, it is not enough merely to formulate or elaborate such definitions. What must be brought to light are the kind of intuitions these vocabularies have been able to capture in the course of their histories, as well as the kind of articulations that eventually have given them their present, more or less taken-for-granted shape.

Let me elucidate this point by indicating what a hermeneutical account of *nature-speak* is like. Such an account will point to the fact that contemporary moral experience is profoundly influenced by two basic modern views on nature: the rationalistic and the romantic one. Whereas in pre-modern times philosophers gave voice to their astonishment over the rational order they claimed to discern in nature, today's rationalist view discerns violence and waste. Instead of providing moral guidance, nature emerges as something to be mastered and contained by (both theoretical and practical) reason. The romantic view, however, shows more regard. Nature is

depicted as an inner voice which provides the individual with moral guidance. Furthermore, it is considered our moral duty to live in accordance with nature. A natural state of affairs somehow contains moral significance. This conviction, that one ought to live *in accordance with nature*, was initially articulated by the Stoics. Yet these ancient philosophers considered such a life a rational life *par excellence*.

One contemporary version of *nature-speak* is readily available. It is sometimes mistakenly taken to be the only version possible. This 'biological' view claims that biological data by themselves contain a moral standard for human behaviour. Take, for instance, the debate on artificial insemination. Some Catholic theologians argue that artificial insemination is immoral because it is not in accordance with the way biology has ordained these things to happen. The many moral problems associated with this technique, such as the question: what is to be done with remaining embryos, is considered a confirmation of its immorality. Recently, however, a high official of a Catholic university hospital has argued, that there is waste in nature too.⁵ Even more embryos are wasted by natural insemination. Why, then, should the waste of embryos be held against the artificial procedure? This brief example shows that *nature-speak* can emerge on both sides of the controversy. The decision to verbalise one's moral convictions in *nature-speak* does not predetermine the exact outcome of the argument. Yet, it *will* fix the range of available options. And more than that, it is often only within a particular vocabulary (such as this biological version of *nature-speak*) that a controversy emerges at all. Between vocabularies, one often encounters mutual misunderstanding, silence and exclusion instead of dispute.

Which Vocabulary is More Accurate?

There is, still, another fundamental question. How, in the end, are we to make out which vocabulary is more adequate, *nature-speak* or *person-speak*? And if one of the two proves more adequate, which version should we cling to? These question marks pertain to the difficult issue of whether there is still such a thing as moral truth in hermeneutics. Indeed, from a hermeneutical per-

spective, it is problematic to claim for any particular ethical proposition or theory, that it is either true or false. Nevertheless, it would be a severe mistake to identify hermeneutics with relativism. All ethical propositions and theories are considered efforts in the articulation of moral experience. This does not imply, however, that one effort is as adequate as another. On the contrary, some articulations of moral experience strike us as more lucid, or less concealing, than others. Furthermore, efforts made by interlocutors, especially if we do not agree with them, incite us to come to a more precise verbalisation of our experience ourselves. Moral truth is something that can be approximated through sincere dialogue, but never fully realised. Every articulation both reveals and conceals aspects of moral experience. This implies a plea for pluralism. Discursive shifts from one vocabulary to another will enhance our responsiveness and our ability to discern. There is no final criterion of truth for any single moral proposition, and all our descriptions will remain uncertain and delicate, but some efforts at articulation are more successful than others. They force us to reconsider accepted descriptions.

On Defining a 'Natural Death'

An intriguing effort in coming to terms with the notion of a 'natural death' was undertaken by Daniel Callahan.⁶ It does not start from the standard ethical literature available, but rather from instances of concrete moral experience that force themselves upon the subject and call for serious exploration. These experiences, evoked by images of death he had witnessed, are approached open-mindedly. One of these images resembles the kind of situation often discussed in hospital ethics committees. It concerned a very elderly patient in a chronic care facility. According to Callahan, time had long passed when it was possible to do anything more than care for her body. It seemed that in this case death had come too late. In another case, which concerned a 20-year-old son of a friend, death came much too soon and Callahan writes that he had never been able to think of anything good to say for that death. Yet he also recalls the image of death which, in his experience, seemed to approach a 'timely' or 'natural'

death. These contrasting experiences incited him to make an effort to define the notion of a 'natural death', which he considers a popular rather than a technical phrase. It is becoming imperative, Callahan claims, that there be such a concept, in order to be able to specify some rational limits to the aspirations of medicine. A concept of a natural death would indicate what it is reasonable to hope for, and what we owe to those who are going to die.

He stipulatively defines a natural death as 'that point in a life span when (a) one's life work has been accomplished; (b) one's moral obligations to those for whom one has had responsibility have been discharged; (c) one's death will not seem to others an offence to sense or sensibility, or tempt others to despair and rage at human existence; and finally (d) one's process of dying is not marked by unbearable and degrading pain'. That is, the death of an elderly person who has lived a full life, however sad an event, should not be considered an evil that is to be postponed at all costs. Such a definition, Callahan claims, can serve as a basis for public policy. He emphasises, however, that this should not be a wholly formal policy, and that something like a state definition of natural death would amount to an Orwellian absurdity. The most that ought to be hoped for is a broad social consensus, recognising rough limits to the human life span, leaving considerable room for dissent and variation as well as considerable leeway for dealing with particular cases. An implication of this definition would be that those who have lived a full life, and whose death would be called natural, would be less entitled to expensive high technology medical support.

This attempt to define a natural death, and thereby to explore an important aspect of *nature-speak*, undoubtedly raises some serious questions, both on the individual and on the social level. Take for instance part (a) of the definition. At what point can one's life work be considered accomplished? In his elaboration Callahan emphasises that this only pertains to the achievement of what can be considered reasonable goals. For instance, although a particular individual might claim that his life goal of winning a Nobel Prize has not been achieved, in most cases more life would not have helped. If there is disappointment in such a life, its reason has nothing to do with death.

However, on some occasions we encounter a sense of obligation that cannot be reduced to concrete and reasonable life goals referred to by Callahan. Take the case of Socrates. Although an important life goal (educating the young and inciting them to question accepted opinion) had been achieved, at the time of his death a sense of undischarged obligation, of failure even, remained. An even more disturbing sense of obligation is encountered in the works of Kafka. They convey a sense of guilt which does not seem to fit in any particular catalogue, and which even in Kafka's own work remains ultimately unidentified. And although Kafka died an untimely death, one feels that more life would not have helped him to live up to this overwhelming sense of obligation. These instances of obligation imply that even a death which in Callahan's definition would be considered acceptable and natural, will preserve a sense of tragedy and despair to those who witness it. Furthermore, Heidegger would contend that Callahan's definition ought to raise suspicion for being too reassuring, and that, instead of embracing the expectation that death will only come after a full life span, death must be considered an ever-present possibility for which the moral subject must be ever-prepared.

Death and Public Policy

Other questions pertain to the social level, notably to Callahan's claims that his definition of a natural death can serve as a basis for public policy. These questions have become even more urgent since Callahan⁷ has elaborated his stipulative definition of a natural death into the concept of a natural life-span. The most urgent issue is whether it is possible to identify natural death with a particular calendar age. Callahan is reluctant to do this, since he recognises the considerable differences in health that exist between individual patients of the same calendar age. Yet, if the intuitive notion of a natural death is to be translated into guidelines for public policy, it will eventually prove inevitable to mention a particular calendar age. In 1987, Callahan is still in favour of taking individual differences into account. In 1990,⁸ however, he writes: 'That was a mistake . . . I would now say that, to be consistent in the use of age as a standard, no exceptions should be made'.

Only categorical standards, that is: formal and impersonal standards applying to all, determined by society and not dependent upon subjective or uncertain clinical evidence, can effectively be used. This view has evoked a considerable amount of debate on which I have commented elsewhere. Here I will merely point to the fact that, from a hermeneutical perspective, instead of attempting to elaborate the notion of a natural death into a *public policy*, one should rather attempt to restore a notion Callahan has introduced earlier, namely that of a *moral policy*.⁹ A moral policy is defined as a general direction of thought and action, providing a basic framework for making specific decisions. It is 'general' insofar as it does not map out in advance the exact choice to be made in each situation, but rather allows for contingencies and unforeseen, complicated developments. The policy does have a 'direction', however, insofar as it tries to affirm and express a given cluster of values and goals. In my view, unlike the effort to convert the notion of a natural death into a public policy, the notion of a moral policy is consistent with the hermeneutical task of enhancing articulation. However, whether a par-

ticular death can be considered 'timely', cannot be determined in advance.

References

1. Dupuis, H. and Thung, P. (1988). *Voordelen van de twijfel. Een inleiding tot de gezondheidsethiek* (2nd edn), Alphen aan den Rijn/Brussel: Samson, Stafleu.
2. Engelhardt, H. T. (1990). Human nature technologically revisited. *Social Philosophy and Policy* 8, 21-43.
3. Taylor, C. (1989). *Sources of the Self. The Making of the Modern Identity*, Cambridge University Press, Cambridge.
4. MacIntyre, A. (1988). *Whose Justice? Which Rationality?* Duckworth, London.
5. Personal communication.
6. Callahan, D. (1977). On defining a 'natural death'. An ideal for public policy. *Hastings Center Report* 7, 32-37.
7. Callahan, D. (1987). *Setting Limits: Medical Goals in an Aging Society*, Simon and Schuster, New York.
8. Callahan, D. (1990). Afterword: Daniel Callahan responds to his critics. *A Good Old Age? The Paradox of Setting Limits*, ed. by P. Homer and M. Holstein, Simon and Schuster, New York.
9. Callahan, D. (1970). *Abortion: Law, Choice, and Morality*, Macmillan, London.