Title: The Clinical Dialectic: What Makes Life Worth Living?

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Can too much of a good thing become bad? During the spring semester of my junior year, I had overexerted myself while working out. In doing so, I destroyed my muscles to the point that their constituent proteins were coursing through my bloodstream and wreaking havoc on my body from a condition called rhabdomyolysis. I descended into kidney failure. Even the emergency room doctor mentioned the irony: in my attempt to become healthier, I earned five days in the hospital. Nonetheless, for a neuroscience and philosophy student, these bed-ridden days at Mt. Sinai West afforded a near endless supply of clinical material to observe and reflect upon, essentially providing a window into my hopeful career as a physician. Yet, it was my hospital roommate's experience of illness, rather than my own, that forced me to evaluate the nature of medical treatment or, rather, the lack thereof: when, if ever, is it okay to stop curative-based treatment? He was dying, and more medication was not necessarily the answer.

My roommate's visitors, doctors, and prognosis painted a vivid scene on his half of the hospital room. His doctors approached him with an almost palpable hesitancy and resignation: "Your cancer is in its advanced stages. There are multiple treatment options." The man looked exasperated. He did not speak much, but a rotation of eight or nine family members would not accept silence either: they intimately conversed, joked, and sobbed almost as if they were participating in a premeditated, paradoxical wake for someone who was still alive. Perhaps not as dramatic as Tolstoy's Ivan Ilyich, but a dying man was surely confronting his mortality in the same hospital room that I was occupying. My kidney failure was child's play. Although a curtain divided our halves of the room, grief and its accompanying vulnerability pervaded the space. Most of all, though, I felt the uncertainty. Cancer, or at least the type that my roommate faced, does not offer the luxury of assurance.

A list of chemotherapy's side effects fails to capture the lived experience of having or treating cancer, and ultimately, my roommate's experience uncovered the ethical underpinnings, and the quandaries, of cancer treatment. As a patient, I put myself in my roommate's shoes, and as an aspiring physican, I put myself in his doctor's shoes: how would I navigate these "multiple treatment options"? I was drawing blanks from both perspectives. As a cancer patient, the right answer becomes, at least in part, a question of quantity vs. quality. Patients may take the most aggressive approach in hopes of ridding themselves of cancer altogether. But in this assault, what if they also purge their ability to keep food down, to concentrate, or to enjoy the company of loved ones? Conversely, rejecting treatment altogether seems to resist not only medicine but also human nature. If cancer patients want to live long enough to see their child graduate or grandchild be born, no one would blame them. A balance must be struck: patients may desire to persist as long as they can, but if life becomes stripped of what makes it worth living, then that desire will surely begin to fade. This balance becomes the foundation from which cancer patients must choose between curative-based care (treatments that actively try to remove the cancer) or palliative care (treatments that prioritize providing relief from pain and other symptoms). I realized that I was looking at this question from the wrong frame of reference. I could never answer this question for anyone but myself because only the patient will know what is most meaningful to them when that decision must be made. Nonetheless, this insight does not relieve doctors from responsibility.

Medicine may begin with science and pathologic knowledge, but it must end with the exploration and recognition of individual patient values. Descartes' dualism, viewing the mind and body as distinct entities, permeates modern medicine. The body becomes an elaborate, albeit broken, machine that can be fixed only with proper knowledge of its inner workings. Treatment

of a patient becomes treatment of a body, and as a result, contemporary medicine potentially neglects the person and their experience of sickness. In *The Birth of the Clinic: An Archaeology of Medical Perception*, Michael Foucault coined the phrase the "medical gaze" to describe the dehumanizing way in which doctors view patients. This dehumanization is especially problematic in the treatment of cancer. Like the case with my roommate, when there are multiple treatment options available, often depending on the painful sacrifices of the chemotherapy in relation to its effectiveness, the right answer is one of science *and* personal values. Physicians cannot treat the body in isolation. They must provide a forum where patients can grasp what is most important to them because that will dictate the best course of treatment. While the Socratic method is normally confined to mentors and their students, when I am a physician, I hope to extend this to the doctor-patient relationship.

Studying ethics and philosophy equips students with a toolkit to navigate the questions that come with disease and death. Through my undergraduate experience in philosophy, I have been exposed to a myriad of life's fundamental, and often uncomfortable, questions. In Philosophy of Happiness, I explored the relationship between luck and flourishing. In Modern Ethical Theories, I questioned whether love was the originating source of meaning in life. In Chinese Religions, I investigated the possibility of somehow becoming more human. In Plato's *Phaedo*, Socrates asserts that philosophy is preparation for death, but anyone who reads Plato knows that philosophy is not as simple as following trite platitudes that somehow generate a good life. Philosophy, and especially ethics, does not always provide the right answers, but it does teach students how to ask the right questions, which is indispensable for a well-examined life and, especially so, for quality medicine. Effective treatment requires a familiarity with

questions that concern ethics, meaning, purpose, and identity – questions that transcend scientific explanations – because those are the questions that surface once one faces death.

The human experience transcends a scientific description of it. My hospital roommate demonstrated the medical *and* ethical complications that treating cancer entails. Although no one but my roommate can make the final decision on which treatment to pursue, doctors and loved ones can support him by helping him uncover what makes life worth living…for him. As a hopeful physician, I am grateful for my education at Fordham whose advertisements contain phrases like, “Home of the ethical work ethic.” My required philosophy core classes, Philosophy of Human Nature and Philosophical Ethics, not only started my exploration of questions that concern meaning, justice, and examined action but also persuaded me to become a philosophy major, in which I discovered the value of the toolkit that the discipline provides for medicine and life in general. Both my hospital roommate and my education at Fordham have opened my eyes to the many roles of a physician: a diagnostician, of course, but also an escort. I aim to usher patients to peace and purpose and, in doing so, hope to find my own.

Works Cited

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