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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 scientific '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.

KEYWORDS

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 conspicu-

ous 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.

²Ivan Illich, 'Guarding the Eye in the Age of Show', Online: http://ournature.org/~novembre/illich/1995_guarding_the_eye.PDF. Cf. Ivan Illich, 'Die Askese des Blicks im Zeitalter der Show – INTERFACE', in: *Interface 2 – Weltbilder/Bildwelten. Computergestützte Visionen* (Hamburg: Hans-Bredow-Institut, 1995), pp. 206–222. Barbara Duden and Ivan Illich: 'Die skopische Vergangenheit Europas und die Ethik der Opsis. Plädoyer für eine Geschichte des Blickes und Blickens', in: *Historische Anthropologie* 3, vol. 2 (Weimar: Böhlau, 1995), pp. 203–221.

via input secured with instantaneous *feedback*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).⁴

Indeed, recent study links documentation practices, with their workstation intensive demands, with increased patient mortality.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.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',⁷ these instruments are 'faces' to attend to, near occasions for the newly named, but hardly recent, experiential phenomenon of 'phubbing',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.⁹ Thus, there is an imperative need for a nursing philosophy of technology to explore the cyborg 'paradigm' of biotech and informatics.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.¹¹

In his *The Death of Humane Medicine and the Rise of Coercive Healthism*,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,¹³ just to mention Robert De Niro's (unsuccessful) role in featuring the 2016 documentary

³This includes searching for information for the sake of diagnosis, and perhaps especially genetic testing. See Ruth Stirton who invokes phenomenological reflection in addition to referencing Illich in 'The Lay Patient and Genetic Illness', Christopher Cowley, ed., *Reconceiving 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).

⁴See 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 Condrau, 'The Patient's View Meets the Clinical Gaze', *Social History of Medicine*, Vol. 20, No. 3 (2007): 525-540.

⁵See too, for one survey example, Laura A. Stokowski, 'Electronic Nursing Documentation: Charting New Territory' in Virginia Saba, Karen A. Rieder, and Dorothy B. Pocklington, eds., *Nursing and Computers: An Anthology* (Frankfurt: Springer, 2012) and see, Sarah A. Collins, RN, PhD et al., 'Relationship Between Nursing Documentation and Patients' Mortality', *American Journal of Critical Care*, vol. 22 no. 4 (July 2013): 306-313 as well as Enid Montague and Onur Asan, 'Dynamic Modeling of Patient and Physician Eye Gaze to Understand the Effects of Electronic Health Records on Doctor-Patient Communication and Attention', *International Journal of Medical Informatics*, Volume 83, Issue 3 (March 2014): 225-234 in addition to Gavin Daker-White et al. 'Blame the Patient, Blame the Doctor or Blame the System? A Meta-Synthesis of Qualitative Studies of Patient Safety in Primary Care', *PLoS ONE*, 10.8 (2015): e0128329. Web. 15 July 2016.

⁶I adapt this from Theodor Adorno's language of the 'radio face' in his *The Current of Music* (Frankfurt: Suhrkamp, 2006. See for explication, pp. 145-146f. in Babich, *The Hallelujah Effect: Performance Practice, Music and Philosophy* (London: Routledge, 2016 [2013])).

⁷For a general summary of the medical gaze, almost available in most discussions of Foucault and medicine, especially the history of medicine, see David Armstrong, 'From Clinical Gaze to Regime of Total Health' in Alan Beattie, et al., eds., *Health and Wellbeing: A Reader* (Macmillan: London, 1992). pp. 55-67.

⁸To 'phub' is a newly minted and faddish term for an omnipresent phenomenon: phubbing, like snubbing, to refuse eye contact and thus interaction, with colleagues, friends, and family members in preference to a cellphone or tablet - think of the way children interact with (or do not interact with) parents and other family members but also rife even in romantic relationships, let alone among colleagues, students, patients. See the recent health section article by Ariana Eunjung Cha, 'How "phubbing" (or phone snubbing) can kill your romantic relationship', *Washington Post*, 5.10.2015.

⁹I also refer here, because it importantly cites Illich at the lead, Berno van Meijel's 2014 call contra 'Diagnostic Inflation: A Matter for Nurses!' referring to the dangers of medicalised over- and misdiagnosis in psychiatry, referring to Allen Frances's quietly titled: *Saving Normal*. Berno van Meijel, 'Diagnostic Inflation: A Matter for Nurses!' *Perspectives in Psychiatric Care* 50 (2014) 1-2. Van Meijel's editorial addresses *Saving Normal - an Insider's Revolt Against out-of-control Psychiatric Diagnosis, DSM-5, big pharma and the medicalization of ordinary life* (New York: William Morrow/Harper Collins. 2013).

¹⁰See 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 Ruiters, 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.

¹¹As de Ruiters, 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?

¹²Petr Skrabanek, *La Fin de la médecine à visage humain* (Paris: Ed. Odile Jacob 1995). Originally: *The Death of Humane Medicine and the Rise of Coercive Healthism* (Edmunds, Suffolk: Social Affairs Unit, St Edmundsbury Press, 1994) and see too Skrabanek's and James McCormick's *Follies and Fallacies in Medicine* (Glasgow: Tarragon Press; 1998) including what Rose names the 'technologies of responsabilization', Francisco Ortega, *Corporeality, Medical Technologies and Contemporary Culture* (Oxon: Birkbeck Law Press, 2013) pp. 74ff.

¹³But see Skrabanek's 'Why is Preventive Medicine Exempted from Ethical Constraints?' *Journal of Medical Ethics*, 16 (1990): 187-190.

*Vaxxed*¹⁴ at the 2016 Tribeca Film Festival this past spring.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,¹⁶ substituting for the standard removal of 'adenoids' (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,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 *Lost Weekend* thematic of the series matched together with the extraordinary insight and knowledge of the outstanding nurse, the exemplary medical practitioner: Jackie out-classed many physicians as regularly as she descended into a pill popping regimen that would on balance seem to have been a cofactor in her excellence).

I began by talking about the look of the medical centre, its architectural aesthetic and technological apparatus of expert care and

¹⁴The 2016 documentary, *Vaxxed: From Cover-Up to Catastrophe* directed by Andrew Wakefield reports claims of a cover-up by the Centers for Disease Control and Prevention (CDC) following from a study led by Wakefield FRCP (and SH Murch, MB, A Anthony, MB, J Linnell, PhD, DM Casson, MRCP, M Malik, MRCP, M Berelowitz, FRCPsych, AP Dhillon, MRCP, MA Thomson, FRCP, P Harvey, FRCP, A Valentine, FRCP, SE Davies, MRCP, JA Walker-Smith, FRCP), a study now flagged in red as 'RETRACTED' 'leal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children', *Lancet*, Volume 351, No. 9103 (28 February 1998): 637–641. In another context I would point out that studies since this 1998 study support not only a connection between brain and gut but also between brain and immune system via the lymph system, including the recent histological and anatomical discovery of lymphatic vessels in the brain. See: Aspelund A1, Antila S1, Proulx ST2, Karlson TV3, Karaman S2, Detmar M2, Wiig H3, Alitalo K-, 'A dural lymphatic vascular system that drains brain interstitial fluid and macromolecules', *J Exp Med.*, 2015 Jun 29;212(7) (2015): 991–9. Epub 2015 Jun 15.

¹⁵Or else in the UK, the controversy regarding the suppression of Andi 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 pre-dating the current controversies, see Alexandra Heis, 'Infant Inoculation 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 overcompensate) *Divided Legacy, Volume IV: A History of the Schism in Medical Thought* (New York: North Atlantic Books, 1994). See too the investigative journalist Janine Roberts' 'Polio: The Virus and the Vaccine', *The Ecologist* (1 May 2004); and her online publication of the making of vaccines and the production of the assertions of safety, *Fear of the Invisible* (Impact Investigative Media Productions, 2008).

prohess, in search of miracles, akin to religious practice, phrased, as Illich describes it, as an 'inscription in a macabre liturgy':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).¹⁹ Proctor meant to deconstruct Illich's book (Seamus O'Mahony has recently published an updated overview: 'Medical Nemesis Forty Years On'),²⁰ but what is important to observe is that Illich's 1974 *Lancet* article, 'Medical Nemesis',²¹ offered a kind of insider view: one member of one priesthood exposing the rituals and promises of another.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

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 nontechnical 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.

¹⁹See Robert N. Proctor, 'Ivan Illich's *Medical Nemesis: Fifteen Years Later*', *Philosophy and Technology*, Vol. 8 (1991): 75–94.

²⁰See Seamus O'Mahony, 'Medical Nemesis Forty Years On: The Enduring Legacy of Ivan Illich', *J R Coll Physicians Edinb*; 46 (2016): 134–9. Mahony, who does not spare his criticism, unfairly characterizing Illich's *Medical Nemesis* as 'unreadable' (it is not), is also author of 'John Bradshaw (1918–1989): Putting Doctors on Trial', *Irish Journal of Medical Science*, Volume 184, Issue 3 (September 2015): 559–563.

²¹Ivan Illich, 'Medical Nemesis', *Lancet*; I (1974): 918–921. A footnote to the *Lancet* essay tells the reader that the article is condensed from a lecture first presented in Edinburgh in April 1974 and again in May in Nottingham. The further, expanded edition of the book, *Medical Nemesis. The Expropriation of Health* reaching 320 pages, *Limits to Medicine*, also was published in 1976.

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 groupe d'experts', *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.*²⁴

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 'nemesi' in his title. He begins with its classic definition (and here we note, relevantly, that his follow-up reference will be to *pleonexia*, i.e., pathological greed, which last may be taken as a word for everything in capitalist societies today):

*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

²³This insider's status continued and *The Lancet* published an obituary notice following his 2002 death. *The Lancet*, Vol 361, 11 January 2003. In this spirit, Illich's original article would be commemoratively reprinted in 2003 in the *Journal of Epidemiology and Community Health*. Illich, 'Medical Nemesi', *J Epidemiol Community Health*, 57 (2003 [1974]): 919–922. Cited in what follows as Illich 2003.

²⁴Illich 2003, 919.

²⁵This is a complex notion as Heidegger discusses this in his *The Question Concerning Technology*. I offer an overview, with further references, in Babich, 'Constellating Technology: Heidegger's *Die Gefahr/The Danger*'. In: Babich/Ginev, ed., *The Multidimensionality of Hermeneutic Phenomenology* (Frankfurt am Main: Springer, 2014), pp. 153–182.

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 *Stella* more than matches Rocky's *Yo! 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

²⁶Think 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.

²⁷From 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.

²⁸See 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.

²⁹This 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.

'heir', Apollo Creed's illegitimate son now moving as heir into the place of Rocky's own blood son, who did not like boxing. Thus, encouraged, Rocky resolves to 'fight' his cancer, a fight effected by submitting to the rigours of chemo, which corresponds, of course, to Illich's picture-book definition of the expropriation of health as 'futile care'.

Beyond the complexities of Illich's own notion of expropriation, the language of 'futile care' reflects the sensibilities of medical authors writing on the challenges and paradoxes of end of life care. Thus, for one example, Ken Murray's 'How Doctors Die',³⁰ 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.³¹

Illich's language of expropriation highlights what is for him the 'in-alienability' 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.*³²

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'.³³ Together with Heidegger's reflections on authenticity, or ownership or better said, ownedness, *Eigentlichkeit*, what is 'expropriated', *ent-eignet*, 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:

³⁰See Ken Murray, MD's 'How Doctors Die', originally published in 2011 and again in the *Saturday Evening Post*, March/April 2013. In his 2012 follow-up, 'Doctors Really Do Die Differently' (both originally published on Zócalo Public Square, online), Murray cites Karen Kehl, 'Moving toward peace: an analysis of the concept of a good death', *Am J Hosp Palliat Care*, 23,4 (Aug-Sep 2006): 277–286. See too Sherwin Nuland, *How We Die: Reflections on Life's Final Chapter* (New York: Knopf, 1993).

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).

³²Illich 2003 922. Or as he also writes in his introduction, "Health", after all, is simply an everyday word that is used to designate the intensity with which individuals cope with their internal states and their environmental conditions'. *Medical Nemesis*, p. 7. And he continues: 'To the degree to which [the individual] becomes dependent on the management of his intimacy he renounces his autonomy and his health must decline. The true miracle of modern medicine is diabolical. It consists of making not only individuals but whole populations survive on inhumanly low levels of personal health. That health should decline with increasing health-service delivery is unforeseen only by the health manager, precisely because his strategies are the result of his blindness to the inalienability of health'. Illich 2003, 922.

³³Nietzsche, TI, 'Reason' in *Philosophy* §1.

*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.*³⁴

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*³⁴

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'.³⁵ 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 authentic,... which are imagined and which are simulated'.³⁶

Beyond Heidegger on solicitude, beyond the technical *Ge-Stell*,³⁷ 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 abandoned 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

³⁴Illich, *Medical Nemesis*, Chapter 2.

³⁵Illich, *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 Brisé* (Paris: L'Harmattan, 2016), pp. 7–51.

³⁶Illich, *Némésis médicale*, p. 139. As Illich summarises his argument: 'Il me semble que la médicalisation 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 paralysant la capacité personnelle de « souffrir » la douleur' (pp. 143–44).

³⁷Indeed, 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 brisé*.

most people in most history and in most ways, as Illich says quite unsparingly, 'foul death, bitter death'.³⁸

Here, to speak of Ivan Illich's own death, just as I noted previously that Proctor incidentally, coincidentally, 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 beautifully, 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 *Gastfreundlichkeit*, 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 never 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 actorly exigence. I mentioned Rickman's Professor Severus Snape to illuminate 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 conference, Matthias Rieger, still touched by what Lacan would call the uncanny, 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 relatedness 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 related monoculture of analytic philosophy, on everyone else, without remainder 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

the poor in spirit, we call them the mad, and the sick, poor in health, the old, poor in life. For Illich, and it would take another paper to unpack this:

*Through the medicalization of death, health care has become a monolithic world religion whose tenets are taught in compulsory schools and whose ethical rules are applied to a bureaucratic restructuring of the environment: sex has become a subject in the syllabus and sharing one's spoon is discouraged for the sake of hygiene. The struggle against death, which dominates the life-style of the rich, is translated by development agencies into a set of rules by which the poor of the earth shall be forced to conduct themselves.*⁴¹

3 | NEMESIS AND THE PATIENT AS VOYEUR OF HIS OWN DEATH

Classical Nemesis was punishment for the rash abuse of a privilege. Industrialised Nemesis is retribution for dutiful participation in society.

I noted above that Illich defines Nemesis and does so in two steps as the epigraph affixed to this section also indicates. Thus to develop this same point with respect to what Petr Skrabanek calls, after Illich, who also speaks after the ancient philosophers, of the 'art of dying' (which as we may recall from Pierre Hadot is nothing other than the 'art of living', that is: *Philosophy as a Way of Life*),⁴² Skrabanek writes

*by supervising and minding them from birth to death (or even from before birth), the art of living and the art of dying, transmitted from generation to generation, were obliterated and lost.*⁴³

Illich observes that until the coming of the European paradigm that has since flooded the world with its monoculture, we could say, each distinct culture in history had been able to

*set the myth, the rituals, the taboos, and the ethical standards needed to deal with the fragility of life – to explain the reason for pain, the dignity of the sick, and the role of dying or death.*²⁴

Thus, Skrabanek, a Czech medical pathologist and (professional gadfly to the Irish medical profession), could observe that before the modern, scientific, technologically advanced 'medicalization of death ... the dying were more in control of their end than now'.⁴⁴

³⁸Illich 2003, 921.

³⁹I 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 and Alchemy in Ivan Illich, Alan Rickman, and Nietzsche." *Journal of the Philosophy of Education*. Forthcoming. Cf. Babich, 'Getting to Hogwarts: Michael Oakeshott, Ivan Illich, and J.K. Rowling on "School"'. In: Bakhurst and Fairfield, eds., *Education and Conversation: Exploring Oakeshott's Legacy* (London: Bloomsbury, 2016), pp. 199-218.

⁴⁰Illich 2003, 922.

⁴¹Illich, *Medical Nemesis*, of Chapter 5.

⁴²Pierre Hadot, *Philosophy as a Way of Life* (Oxford: Blackwell, 1995).

⁴³Skrabanek, *The Death of Humane Medicine*, p. 17. With reference to Christopher Lasch's *The Culture of Narcissism*, Skrabanek expands upon Illich's point by writing: 'A dying century and a dying culture makes war against death its main preoccupation'. *Ibid.*, p. 29.

⁴⁴Skrabanek, *The Death of Humane Medicine*, pp. 55-56. Skrabanek who goes on to refer to Montaigne, Cicero, and other thinkers in the Stoic tradition, explains that 'books about the art of dying, *ars moriendi* were popular, allowing for the preparation for death in the circle of family and friends, studying "the last words" of the famous, and learning the traditional ceremonial of conducting one's last affairs from the death-bed. Without effective means of postponing death, the last grains of sand fell through life's hour-glass without external interference'. *Ibid.*

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 *Ανάγκη* – part of the human condition.

As Illich reminds us here, the titan Prometheus was named for his overreaching greed, his measureless ambition. Thus, Prometheus of himself drew the envy of the gods – swift Nemesis – upon himself.⁴⁵ The parallel is a direct one, indeed it is a Promethean, very literally, technically, a titanic parallel: for we are ourselves deiform, as we may recall Thomas Aquinas's language to speak of the human being. Thus, we can invoke the language of the Book of Genesis, we 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 comparably 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 Illyich 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 allures, the double bind, of glamorising 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

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.

⁵¹See Jacques Derrida, *La dissémination* (Paris: 1 Seuil, 1972). Illich points to the 'double meaning' of the Greek word for 'drug' and cites with respect to archaic texts to the Hippocratic corpus, Walter Artelt, *Studien zur Geschichte der Begriffe 'Heilmittel' und 'Gift': Urzeit-Homer-Corpus Hippocraticum* (Darmstadt: Wissenschaftliche Buchgesellschaft, 1968). John D. Gimlette, *Malay Poisons and Charm Cures* (Kuala Lumpur: Oxford Univ. Press, 1971); Gimlette and H. W. Thompson, *A Dictionary of Malayan Medicine* (Kuala Lumpur: Oxford Univ. Press, 1971); As Illich also notes in the context not of Greece but Malaysia, 'both volumes form a fascinating introduction to the same ambiguity in an entirely different world'.

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 Medicin Chem.*, 6 (2014): 25–64.

⁴⁵See for a discussion not in a medical but a literary connection, Frank Boyle, *Swift as Nemesis: Modernity and Its Satirist* (Stanford: Stanford University Press, 2000).

⁴⁶Illich 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.

⁴⁷I use this expression in numerous places, see, for one early example, Babich, *Nietzsche's Philosophy of Science* (Albany: State University of New York Press, 1994), p. 74.

⁴⁸I will discuss this further below but see too Babich, 'Körperoptimierung im digitalen Zeitalter, verwandelte Zauberlehrlinge, und künftige Übermenschsein' in: Andreas Beinsteiner and Tanja Kohn, eds., *Körperphantasien* (Innsbruck: Universitätsverlag Innsbruck, 2016).

For Illich (*nota bene* and to be sure there are parallels with Lyme disease and with AIDS antivirals), doctors tend to notice only the side-effects that are hard to miss such as in the case of 'thalidomide', which side-effects, as Illich says, are unmistakable inasmuch as they 'disfigure'.⁵³ Incontrovertibility, obviousness, works for us: we have trouble seeing subtle side-effects and even more trouble seeing side-effects that are cumulative or those that are expressed over time. Even our tests for product safety have to be black and white, think the Draize test, think *what doesn't kill you*, so the pharmaceutical industry seems to suppose echoing *Conan the Barbarian's* caricature of Nietzsche, *might make you stronger*. The problem for Illich is that slow poisons, like chloramphenicol, still used, indeed standard for eye infections, are harder to see. Thus, Illich points to 'the habit of doctors not to attend to the side-effects especially when those are or can be "invisible"'.⁵⁴ Substituting AZT for Illich's chloramphenicol we can trace (as the 2013 film *Dallas Buyer's Club* did do) a similar pattern. 'Invisibility' in the case of side-effects or patient complaints difficult to diagnose or resolve are also evident in debates concerning Lyme as of other underdiagnosed diseases that persist, not unlike syphilis as Ludwik Fleck discusses this in *The Genesis and Development of a Scientific Fact*, in occult and pleonastic forms and which progress,⁵⁴ this is probably the least discussed and most pernicious of details, over years in the body: take a symptom like 'brain fog' – what can that really mean? – or merely joint pains or arthritis (both normal concomitants of age), generalised aches, 'flu-like symptoms', etc., all of which can be denied, ascribed to 'ma-lingering' or otherwise discounted.

Illich's 'Nemesis' is thus consequent, unavoidably so, to nothing more pernicious than access to modern medicine. Thus, Illich argues empirically: increased medicalisation, meaning statistically increasing levels of screening, including preventive care, treatment, hospitalisation, go together not with reduced *but increased costs*, meaning both private and government expenditures, as well as, most 'ironically' as Illich notes, an *increased decline in life expectancy* for American males aged 'forty-five to fifty-four'.⁵⁵ Pay more, get less in what now seems the *de rigueur* bubble mechanism of today's multiply bailed-out capitalist system.

This particular 'nemesis effect', if only because it affects middle-aged white males, gets our attention and cannot be written off as a blip specific to Illich's mid-1970s era as he then reported it inasmuch as, eight months ago as this writing, the *New York Times* reported the findings of the Nobel Prize winning Princeton economist Angus

Deaton and his wife, Anne Case: 'Death Rates Rising for Middle-Aged White Americans, Study Finds'.⁵⁶

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,

*[c]osmopolitan 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 Agassiz 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.

⁵³Illich 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 followups 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, 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 Resistance in the 21st Century', *Perspect Medicin Chem.*, 6 (2014): 25–64.

⁵⁴See for additional discussion and further references: Babich, "Calling Science Pseudoscience: Fleck's Archaeologies, Latour's Biography, and Demarcation or AIDS Denialism, Homeopathy, and Syphilis," *International Studies in the Philosophy of Science*, 29(1), (2015): 1–39.

⁵⁵Illich, *Medical Nemesis*, Pantheon, Chapter 2.

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'⁵⁸ in a talk titled with beautiful ambiguity, 'The Cultivation of Conspiracy'.⁵⁹ 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 one 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.⁶⁰

Conspiracy 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 hermeneutic and phenomenological dimension, as well as the more classically analytic problem of other minds:

⁵⁸I refer here to Illich's lecture, 'The Cultivation of Conspiracy', a speech presented at the Villa Ichnon, 14 March 1998 on the occasion of the receipt of the Culture and Peace Prize of Bremen. The lecture appears in English in: Lee Hoinacki and Carl Mitcham, eds., *The Challenges of Ivan Illich: A Collective Reflection* (Albany: The State University of New York Press, 2002), pp. 233–242.

⁵⁹Illich, 'The Cultivation of Conspiracy', p. 238, on the kiss of peace, and 239 on *con-spiratio*.

⁶⁰In Illich called 'the paradox of atmosphere', the very same 'atmosphere invites the institutionalization that will corrupt it. You never know what will nurture the spirit of philia, while you can be certain what will smother it. Spirit emerges by surprise, and it's a miracle when it abides; it is stifled by every attempt to secure it; it's debauched when you try to use it'. Illich, 'The Cultivation of Conspiracy', p. 236.

*Whereas culture recognizes pain an intrinsic, intimate and incommunicable "disvalue", 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.*⁶¹

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).⁶²

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'.⁶³ 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.*⁶³

To just this extent, 'Suffering is an expression of consumer demand for increased medical outputs'.⁶³ 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'.⁶³ As remedy, Illich calls for nothing less counterintuitive than 'restoring health into pain'.⁶³

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

⁶¹Ibid., p. 139. Illich himself goes on to refer to Wittgenstein and the paradox that 'notwithstanding the inability 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.

⁶²See Michel de Certeau, *The Practice of Everyday Life*, Stephen Rendall trans (Berkeley: University of California Press, 1984). Although beyond the current context, see the discussion of de Certeau in Elizabeth Klaver, *Sites of Autopsy in Contemporary Culture* (Albany: SUNY Press, 2012), pp. 73ff and see too, in the context of the discussion of AIDS, Ruth L. Smith, 'AIDS in East Tennessee: Medicine and Morals as Local Activities', in Diana Fritz Cates and Paul Lauritzen, eds., *Medicine and the Ethics of Care* (Washington: Georgetown University Press, 2002), pp. 294–323, here p. 307ff.

⁶³Illich 2003 920.

increasingly sought out'.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'.⁶⁵

We are back to old Rocky on chemo, here with respect to what Illich calls 'the nocebo effect', effectively creating of 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.*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).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 Schürmann already pointed out more than three decades ago in his own essay on the same theme: 'De la philosophie aux Etats-Unis'.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 philosophy⁶⁹ and thus it also refuses to recognise as philosophy any approach other than its own.⁷⁰

Like Schürmann, I argue that today's dominant approach to university philosophy excludes large swathes of the philosophical tradition, relegated at best (and Schürmann 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',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.⁷²

More salient, perhaps, was a recent funding debate in medical research⁷³ concerning the relation between cognitive decline and bacteria.⁷⁴ Thus, we may note one scientist's frustration at finding

⁶⁷See Babich, *La fin de la pensée? Philosophie analytique contre philosophie continentale* (Paris: L'Harmattan, 2012). I argue this case for analytic philosophy no matter whether articulated via Comte's positivism or the more influential legacy of the Vienna Circle after Carnap and Wittgenstein, Goodman and Cavell but also, in France after Jacques Bouveresse and others.

⁶⁸Reiner Schürmann, 'De la philosophie aux Etats-Unis', *Le temps de la réflexion*, Vol. 6 (1985): 303–321.

⁶⁹Thus it refuses to be described as analytic philosophy.

⁷⁰This self-insistence, including a standardisation of topical themes and sensibilities, not to mention writing style, is mainstream in university philosophy departments in Canada, Australia, the United States and, of course, Europe but also Asia and Africa. This is a claim effected, of course, on the level of language, thus analytic philosophers refuse the distinction between analytic and continental philosophy altogether, such that only analytic-style continental philosophy counts as philosophy because only what it does is philosophy. Only this, as Brian Leiter recently explained on Facebook, counts as 'good'.

⁷¹I have to note that the designation should be distinguished from philosophy's history as such and as it transpired in history, as it were.

⁷²Cf. Babich, "Are They Good? Are They Bad? Double Hermeneutics and Citation in Philosophy, Asphodel and Alan Rickman, Bruno Latour and the 'Science Wars'." In: Paula Angelova, Andreev Jaassen, Emil Lessky, eds., *Das Interpretative Universum*. Würzburg: Königshausen & Neumann, 2017. pp. 259–290.

⁷³See Babich, "Les « pseudosciences » à l'aune de l'échelle des valeurs de l'université. forthcoming this fall in the proceedings of the Tours conference, *Diversité linguistique et culturelle, appropriations, réceptions Francophonies, formations à distance, migrations. Réflexions épistémologiques et interventions*, Tours, France.

⁷⁴Before her death, Boston University's Lynn Margulis also called attention to this. See for context and citation in a discussion of the recurrent debates of aetiology of Nietzsche's protracted end of life illness my essay, Babich, 'Genius Loci: Nietzsche, Lou, and the "New Jerusalem"', *New Nietzsche Studies*, Vol. 9, Nos. 3 and 4 (Summer 7 Fall 2015): 137–167, see especially the notes on page 167.

⁶⁴Illich 2003 920. My emphasis.

⁶⁵Illich, *Medical Nemeses*.

⁶⁶Illich 2003 920. I've adverted to Illich's emperor-has-no-clothes style of ethnographic perspicuity. But Illich argues that the (technically unwarranted) rise of medical prestige can only be explained as a magical ritual for the achievement of goals which are beyond technical and political reach. By contrast, following the guide, first do no harm, Illich emphasises that technically warranted interventions which do more good than harm tend not to be expensive ones, tend not to require large machines, or their paraphernalia, or the personnel required to install and calibrate and recalibrate them (and to which we can add the troubles of scientific instrumentation and modelling as a good bit of neuroscience seems likely to be set back by nothing less subtle or to Illich's point than the significance of the indicators in question: see John Timmer, 'Software faults raise questions about the validity of brain studies Interpretation of functional MRI data called into question', *ars technica*, July 2016).

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.⁷⁹ 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. There 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

⁷⁵Bugs in your brain: Could mental illness and cognitive decline be caused by viral and bacterial infection? *Newsweek* (3 June 2016): 52–54. See also Anil Ananthaswamy, 'Alzheimer's may be caused by brain's sticky defence against bugs', *New Scientist*, 25 May 2016. See Itzhaki, et al., 'Microbes and Alzheimer's Disease', *Journal of Alzheimer's Disease*, vol. 51, no. 4 (2016): pp. 979–984.

⁷⁶Ibid. The *Newsweek* article noted that despite more than 100 studies attesting to microbial factors 'Out of the \$589 million allocated to Alzheimer's research by the National Institutes of Health in 2015, exactly zero appeared to be spent on studying the proposed HSV-1 connection'.

⁷⁷Illich 2003 921.

⁷⁸See for a discussion (along with further references), Babich, 'O, Superman! or Being Towards Transhumanism: Martin Heidegger, Günther Anders, and Media Aesthetics', *Divinatio* (January 2013): 83–99.

⁷⁹See for a related discussion, Babich, 'Science – On Laboratory Life for a Wired Object: Mirror Neurons and the New Red Peter' in: Geoffrey Dierckxens, et al. eds., *The Animal Inside: Essays at the Intersection of Philosophical Anthropology and Animal Studies* (Lanham, MD: Rowman and Littlefield, 2016), pp. 215–227.

⁸⁰See for Rothblatt's YouTube Lecture: <https://www.youtube.com/watch?v=wSZgrEtakz8>.

⁸¹*Virtually Human: A Panel Discussion on the Future of Cognitive Machines* (closed-door event), IBM Watson, 51 Astor Place, NYC, 11 August 2015. I am grateful to Luke Robert Mason for his invitation as well as to Dan O'Hara and Steve Fuller. I am also grateful to Steve Vogel whose insistent dismissal of the very percentages mentioned led me to pay more attention to the trend.

⁸²I am talking of Edward Bernays' 1923 *Crystallization of Opinion*. Bernays, the nephew of Sigmund Freud has taught both the government and its military industrial complex but also Wall street and the global corporate elite how to 'crystallise' opinion.

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 big 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,⁸⁴ 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

⁸³See Jason Koehler, '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. Vermenschlicht: 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 agriculture. But one might reserve judgement on whether one need 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 acceptance 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 would have benefits above the current state of the art of organ transplantation, saying as reported: 'The organ would be an exact genetic copy of your liver but a much younger and healthier version and you would not need to take immunosuppressive drugs which carry side-effects'. Low's own work involves the brain. See for recent work listed as submitted: Stone LLH, Xiao F, Rotshafer J, Juliano M, Sanberg CD, Sanberg PR, Kuzmin-Nichol N, Grande A, Cheeran MC, and Low WC. Amelioration of ischemic brain injury in rats with human umbilical cord blood stem cells: Mechanisms of action, *Experimental Neurology* (submitted, 2015). But this a claim not unlike most exaggerated promises, compare for example those made when the Human Genome Project was first launched.

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

⁸⁵See Antonio Regalado, 'Human-Animal Chimeras Are Gestating on U.S. Research Farms: A radical new approach to generating human organs is to grow them inside pigs or sheep', *MIT Technology Review*, 6 January 2016.

⁸⁶Thus, 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, Airey, J. A., Liu, W., Simmons, P. J., Zanjani, 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 Evan Baliban who transplanted brain cells from quail to chickens and, thus, as Weiss summarised this research 'The resulting chickens 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, Zanjani's research boasted 'sheep whose livers are up to 80 percent human – and make all the compounds human livers 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, instructively, 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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