



## Scientific Contribution

### Levinas, justice and health care

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**Abstract.** In this paper I argue that the metaphysical ethics of Emmanuel Levinas captures some essential moral intuitions that are central to health care. However, there is an ongoing discussion about the relevance of ethical metaphysics for normative ethics and in particular on the question of the relationship between justice and individualized care. In this paper I take part in this debate and I argue that Levinas' idea of *an ethics of the Other* that guides politics and justice can shed important light on issues that are central to priorities in health care. In fact, the ethics of Levinas in seeking the foundation of normativity itself, captures the ethical core and central values of health care.

**Key words:** care, ethical metaphysics, justice, Levinas, the Other, the Third

Respect is a relationship between equals. Justice assumes that original equality. Love, essentially, is established between unequals, lives from inequality (Levinas, 1988).

#### Introduction

In this paper I defend the moral significance of a personal and individualized nursing care and health care based on the philosophy of the late French-Lithuanian philosopher Emmanuel Levinas. However, this primary aim of the paper trades on a significant tension within health care practice itself: How do we balance claims of universal justice against claims to particular others who are more in "proximity" to us in one sense or another? This is a key issue for health care services, because the pressures on caring practices on devaluing the individual right on proper care is significant. And it is truly important in health care to value the human care given to the individual patient here and now.

But the question of balancing the claims of individual care with the claims of justice is also a problem that is very much at the heart of Levinas' ethics. And although the philosophy of Levinas cannot establish a full-blown theory of justice, it nevertheless underscores a truth that is fundamental to all health care; *that justice must be tempered by concern for the concrete other person*. Even though the aim of maximizing an equal share of health care benefit for all persons

with a relevant need is central to distributive justice in health care, a standard of proper care for the individual patient must still be secured. The ethical metaphysics of Emmanuel Levinas addresses the heart of this problem when it states the paradigmatic status that the relationship to the other person has for an understanding of moral responsibility and justice:

I must judge, where before I was to assume responsibilities. Here is the birth of the theoretical; here the concern for justice is born, which is the basis of the theoretical. But it is always starting out from the Face, from the responsibility for the other that justice appears, which calls for judgement and comparison, a comparison of what is in principle incomparable, for every being is unique; every other is unique (Levinas, 1988, p. 104).

Levinas' emphasis on responsibility for the Other addresses an important reality in clinical care, and his philosophical position might help health care professions to shelter their core values associated with caring for particular patients under their responsibility.

My arguments will be elaborated in three parts. First I will address the problem of ethical particularism<sup>1</sup> and universal justice within the context

of an interesting debate about normative responsibility and the limits of consequentialism in ethics, carried out by the American philosopher Samuel Scheffler. But I will also argue that this debate between consequentialists and anti-consequentialists is insufficient for understanding the normative significance of care for the particular other person. Scheffler's account of what he calls "the non-instrumental value of associative relationships" needs support by a metaphysical and transcendental argument, an argument that is provided by the philosophy of Levinas.

Consequently, I will give an exposition of Levinas' philosophy concerning the ethical Other as well as the tensions within his philosophy when confronted with perspectives on distributive justice (what Levinas calls responsibility for the Third). Finally I will outline the potential in a Levinasian philosophy for grounding some of the basic moral intuitions in health care and its relevance for dealing with some important problems of prioritizing within health care.

### Addressing the problem for health care

What more precisely is the moral issue here? The role of individualized attention is increasingly marginalized within today's health care services. Nurses, doctors and other health care professionals must frequently jeopardize ideals of particularized care in order to comply with demands of cost-efficiency and distributive consequentialism. Within present socio-economic circumstances, there seems to be shortage of time for proper communication with patients and their relatives, patients are dismissed from hospital without proper care and persons with vital needs are not admitted for professional care (Nortvedt, 2001).

Many are even in need of basic health care and speaking in the vocabulary of Levinas, there is a pressing demand for overlooking the Other for the sake of the Third. There is constant pressure to reduce the quality of personal care for patients due to a consequentialist aim of maximizing human welfare. Sheltering the particularity of the other person becomes increasingly difficult.

On the other hand, concerns of distributive justice typically aim at maximizing health care for all in need of such care. This is surely a moral task too. In a world where the distribution of welfare and health care resources seems largely unfair, an ethical view that heavily focuses on the moral significance of proximity and attention to the particular vulnerability of the other person is not sufficient. In fact, do we at all need an ethical theory that anchors basic ethical conceptions in some metaphysical and transcendental conception of moral responsibility (read Levinas)? Is such an ethical

metaphysics relevant to health care ethics? Perhaps the perspective of Peter Singer is more important. He argues that:

the fact that a person is physically near to us, so that we have personal contact with him, may make it more likely that *we shall help him*, but this does not show that *we ought to help him*, rather than another who happens to be further away. If we accept any principle of impartiality, universalizability, equality, or whatever, we cannot discriminate against someone merely because he is far away from us (or we are far away from him) (Singer, 1972, p. 222).

Comparing the radical impartialist perspective of Peter Singer with the core intuitions in health care however, displays a deep conflict within our moral outlook. As persons we care deeply for concrete and relational others, and nurses and health care workers have a primary duty to serve *their* patient. On the other hand we need to identify a conception of "responsibility we can live with in a world where the distribution of responsibility has become one of the most divisive questions of all" (Scheffler, 2001, p. 65).

### Justice and integrity

Within Anglo-American moral philosophy there has been several attempts to reconcile caring for associates and caring for distributive and impartial justice. The aim here has been to balance moral intuitions of individual responsibility and relational ties against a fair conception of distributive justice. I need only to mention the important contributions of Samuel Scheffler, Thomas Nagel and Bernard Williams in this respect. Nagel addresses the moral claims of immediacy, of the normative force of protecting and not hurting the one physically near as being constitutive of our moral phenomenology (Nagel, 1986). Bernard Williams has convincingly argued that no impartialist moral theory can accommodate a proper place in human life for the shaping and protection of a person's integrity. This is so, because personal integrity is strongly affiliated with the individual's ground projects, his commitment to the values that are dear to him and his relationships to other persons, friends and intimates (Williams, 1988).

Scheffler, even more convincingly, attempts to reconcile the demands of distributive consequentialism with an understanding of morality that gives significance to interpersonal relationships in human life. His "hybrid solution" encapsulates both the demands of distributive consequentialism, which accords no

essential place to relational ties, and agent-centered moralities, which allow a space both for personal relationships and self-commitment in human morality (Scheffler, 1984). In his latest works, Samuel Scheffler defends the normative significance of associative relationships and claims: “that one has distinctive responsibilities – or ‘special obligations’ – toward members of one’s own family and others to whom one stands in significant sorts of relationships” (Scheffler, 2001, p. 36). He argues that there is a non-instrumental value to interpersonal relationships that provides reasons for preferential and unequal treatment. This non-instrumental value of relationships;

involves seeing the other’s needs, interests as reasons for you to act on, not anybody else. It is to see the relationship as a source of special obligations. It is to see need as a moral reason to help, not necessarily mediated by heavy moral concepts, duties etc. (Scheffler, 2001, p. 121).

Similarly, on the value of loyalty, George Fletcher argues that professional loyalty is expressed in the intensity of attention to the client or patient (Fletcher, 1993). And Charles Fried correspondingly argues in a provocative article in the 1970s that: “a good lawyer will lavish energy and resources on his existing client, even if it can be shown that others could derive greater benefit from them” (Fletcher, 1993).

### **An analogy between personal and professional role-moralities**

Now, Anglo-American philosophy might have convincing arguments against agent-neutral moralities and the kind of radical consequentialism that is presented by Peter Singer (Singer, 1972).<sup>2</sup> For health care, however, to endorse these arguments for the role of personal care in morality would require more than a scrutiny of the arguments of Scheffler, Nagel and Williams. The arguments for the moral significance of personal loyalties offered by these philosophers are framed within the context of the family and personal friendship. For these arguments to have relevance for role-relationships (as those within health care), there must exist a legitimate and reasonable analogy between the essential ethical demands of personal relationships and the obligations that are central to role relationships and professional loyalties. In the following, such an analogy will be indicated.

Role-obligations display a motivational basis that inhabits impartialist restrictions. Within personal relationships it is permissible to give priority to one’s friend because the person is one’s friend. Within health care to give priority to one’s patient, only on the basis

that he or she is one’s patient, is hardly plausible. The role-morality of professional health care is impersonal in the sense that it focuses on meeting a person’s needs within a context that is limited in space and time and moreover restricted by the normative claims of other patient’s potential needs. Professional care is thus motivated by the patient’s distinct vulnerabilities mediated by a professional duty and faculty aimed at promoting health. Consequently, strong relational and emotional ties do not primarily constitute the motivational basis for professional care. Role moralities are impersonal “in the sense that the morality in question applies to *any* occupant of the role, independent of the occupant’s particular personal characteristics” (Blum, 1990, p. 178).

Still, an analogy between personal and professional relationships is obvious. Role-moralities within health care cannot be regarded as impersonal in an agent-neutral sense. It is implausible to argue that emotional and relational ties are irrelevant to therapeutic caring relationships. In fact, a sense of attachment, of feeling personal responsible for one’s patient, is central to what professional caring is about. A strong sense of duty to ascribe special responsibilities to the patient in front of you based on his or her suffering exists in nursing as well as in medicine. Within various contexts of health care (in particular in long-term care and in caring for seriously ill persons) a strong sense of relational attachment between caregiver and patient might be therapeutically important as well. That the patient’s destiny and well-being means something to the one in charge of his care might strengthen a sense of belonging, hope and human flourishing and thus contribute to recovery from the illness.

In fact, a duty to care is not merely motivated by a person’s need. Personal ties that are shaped by the relationship to the individual person (the patient) also motivate caring duty. Role-moralities display an identification with the ideals and values of the vocation, but also display a sense of direct personal engagement, which indirectly aims at realizing the values of the vocation (Blum, 1990). This is certainly true for therapeutic relationships in health care.

Nevertheless, there is no complete correspondence between the two kinds of relationships (personal relationships, and role-relationships), and the obligations generated by these relationships. Nursing care as well as medical care must be based on certain impartial restrictions for the sake of serving more than one patient. Here the essential question is, what are the limits of a nurse’s or a doctor’s particular responsibilities arising from relational closeness, when measured up to the demands of other patient’s condition of suffering?

For role-moralities to address this question properly, the perspectives of Nagel, Williams and in particular the latest works of Samuel Scheffler are important. All arguments for a certain partiality in human morality grant a normative legitimacy to intuitions of moral responsibility arising from personal relationships. Hence, their perspectives might serve as a plausible basis for any normative theory of prioritizing in health care. However, in the following I will address the question of prioritizing from a metaphysical perspective. I will investigate an ethical foundation basic to all moral obligations both the personal and the more impersonal ones. It is my conviction that such a foundation might give an even more substantial argument for health care to protect its essential focus as a relational service for the particular human being.

In my view, something is left unanswered by the philosophies within the more traditional anti-consequentialist camp (Scheffler, Williams etc.). What is left unanswered is this rather essential metaethical question: what are the sources of the basic intuitions of personal responsibility arising from the specific context of human closeness in the first place? For instance Korsgaard argues that persons ordinarily experience distress when encountering the suffering and pain of other persons. But why is this kind of empathic distress a source of normative responsibilities? Why is there a motive to help here, instead of running away (Korsgaard, 1986)?

It is here, that Levinas has something profound to say. He offers a transcendental argument that anchors moral responsibility in a deep and penetrating understanding of sensibility originating from the Husserlian idea of a pre-intentional intentionality, an affective intentionality of impressional sense (Drabinski, 1999). The ethics of Levinas articulates an embodiment of the moral imperative, an imperative of responsibility which is manifested corporeally, in the human flesh, in the nakedness of the face, in the vulnerability of the body. This sensibility is not constituted by rationality, in fact, it constitutes the rational order itself (Levine, 1999). We see here a sensibility that is as a universal condition for moral responsibility. But this is not a sensibility understood as empathy or understanding the intentions of the other person. Levinas' concern is not to understand intersubjectivity (Drabinski, 1999). Levinas is first and foremost concerned "with the condition of the subject at the origin of responsibility" (Ibid, 1999, p. 28). Sensibility is here a sensibility that precedes intentionality, the awakening of a consciousness addressed by the other person. Levinas describes the condition for a consciousness vulnerable to the vulnerability of another, a consciousness in a state described by Levinas as a passivity more passive than passive (Levinas, 1974). We here talk

about a sensibility that calls the ego to respond to the other person. The philosophy of Levinas displays this profound connection between the awakening of human consciousness in a sensibility that is normative. In the simple words: To meet the other is not first to understand him, but to be addressed by him, Levinas roots the conception of the humanity of humans in concrete human experiences, and the experiences that Levinas in particular investigates philosophically are experiences of vulnerability and suffering (Levinas, 1996; Manning, 2001).

Hence, Levinas' transcendental argument for an ethics of responsibility supports some core values of individualized care, values that are essential to health care. The ethics of Levinas provides a foundational support for many of the essential intuitions in health care, what it means to be addressed by vulnerabilities and the importance of a sensitive receptivity towards the other person (Nortvedt, 2001).

But if sensibility as moral responsibility is the essential feature of the human condition, how can ethics be protected and survive in the modern world with the impersonal claims of distributive justice? This is the essential normative question that pertains from the Levinasian perspective. For health care what follows from this question is to what extent there can be a basis for defending some core values that favors a certain partiality health care professionals must show in their care. But secondly, a transcendental argument for ethical foundations as provided by the philosophy of Levinas also gives basic support to the idea that associative duties (Scheffler, 1994)<sup>3</sup> may override distributive consequentialism (a more thorough elaboration of this political aspect of Levinasian philosophy, however, would need another paper. For a thorough elaboration of the political implications of Levinasian philosophy see also Simmons, 1999).

For the sake of answering the question for health care, let me more thoroughly investigate Levinas' own position regarding his ethics of the Other and considerations of justice.

### **Levinas, responsibility and the other**

Levinas' ethical metaphysics offers a penetrating understanding of the philosophical issues involved when justice conflicts with individual responsibility. As portrayed in both his major works *Totality and Infinity* and *Otherwise than Being*, ethics is *first philosophy*, displaying the moral subject's vulnerability and exposedness to the destitution of the other person as a fundamental condition for responsibility.

What Levinas really intends with his many phrasings of ethics being *first philosophy* is that the intuition

of ethical responsibility in the encounter with the other person cannot be reduced to comprehension (Critchley, 2002). The other person is always other (Levinas use the word alterity), but it is exactly his otherness that awakens the moral demand of responsibility for him. Proximity to the other is not proximity in time and space; it is proximity understood as vulnerability, the exposedness of subjectivity to an incomprehensible, infinite otherness.

Levinas' metaphorical illustration of such an ethical transcendence is the human face. The human face is paradigmatically the incarnation of a moral imperative, of an ethical saying. But this face is not a concept, not a theme; neither not a figure whose message can be captured by knowledge. The message of the face as an ethical exposure of vulnerability contains more than the human ego can subsume as a category of knowledge. In the face the humanity of the other is immediately exposed as *expression*. Levinas uses words like expression of non-violence, nudity and vulnerability about the face. The central idea of the face being an ethical expression is illustrated in voicing the face as a phenomenon that resists any domination by cognitive representation, by knowledge. The ethical expression of the face is not even a phenomenon, but in Levinas' terminology it is an enigma: "The face resists possession, resists my powers. In its epiphany, in expression, the sensible, still graspable, turns into total resistance to the grasp" (Levinas, 1991, p. 197).

It is impossible to fully understand what it is in the human face that evokes responsibility for the other, because the face calls the ego to respond before any unique knowledge about the other (Simmons, 1999, p. 85). It is exactly what questions the ego in its self-sufficiency, what the I cannot intentionally discover, comprehend or subsume under any knowledge or concept, the face in its exposedness, its nudity, as alterity and an opening towards transcendence (the infinite in Levinas' words) which constitutes moral responsibility. Ethics is the total resistance of reducing the otherness of the other person, the awakening of consciousness in the experience of vulnerability. The true vulnerability of the other person can only be comprehended as responsibility.

Moral responsibility then, the demand of respect, tolerance and non-violence. originates from a consciousness that is paralyzed and laid open to an assignation. About this assignation Levinas says: "the relationship of proximity cannot be reduced to any modality of distance or geometrical contiguity, nor to the simple "representation" of a neighbor: it is already an assignation, an extremely urgent assignation – an obligation, anachronously prior to any commitment. This anteriority is "older" than the a priori. This

formula expresses a way of being affected which can in no way be invested by spontaneity: the subject is affected without the source of the affection becoming a theme of representation" (Levinas, 1974, p. 101).

Here Levinas follows the Platonic idea of the Good that is beyond Being, the Good that transcends ontology (Peperzak, 1997). Levinas tries to give an account of "a basic existential demand, a lived fundamental obligation that should be the basis of all moral theory and moral action (Critchley, 2002, p. 34). In one phrase Levinas spells out the order of morality: "The other concerns me from the first. Here fraternity precedes the commonness of a genus. *My relationship with the other as neighbor gives meaning to my relations with all the others*" [m.i.] (Levinas, 1974, p. 159). This quote in fact contains the core of Levinasian philosophy.

The meaning of claiming that "all relations stem from relationships to the other" are twofold: First, it contains his idea that ethics is first philosophy, that ethical signification is not only beyond cognition, but that it is also the precondition for human understanding and relationships. Ethics is an awakening of consciousness, the first conversation, the presupposition of human community. Second, it contains the idea that "love comes before justice", that the basic moral demand is the irreducible responsibility and love for the particular other person, which exceeds impartial justice.

In fact, according to Levinas, justice is primary economy, it is politics, comparing, weighing and measuring. Justice is necessary, but it belongs to the State, and it must be controlled by *the ethical*. Responsibility for the Other is the primary event, the scene of morality, on which justice relies. Levinas often cites the famous statement of Alyosha in Dostojevskij's *Brothers Karamazov*: "We are all guilty for everything and everyone, and I more than all the others" (Levinas, 1988, p. 105). Hence, responsibility is pervasive. It is everywhere, extremely demanding, and always "my affair". Crudely, there is a strand in Levinas' thinking where justice is always there, all-encompassing. Is Levinas then close to Singer? No. Charity and justice are not on the same level: "Love is originary. Justice comes from love. Love must always watch over justice" (Ibid, p. 108).

But how can one then talk about a Levinasian ethics for this world, a world in which responsibilities have to be shared and in which they inevitably conflict? And how can one assess the relevance of Levinas for any particular situations in health care? To answer this question it is necessary to investigate more closely how Levinas theorizes the relationship between care and justice, between the Other and the Third.

### Levinas, the Third and justice

In several interviews, in his commentaries and in his main works, in particular in the seminal work *Otherwise than Being or beyond Essence*, Levinas addresses the question of the Third and Justice, the relationship between *the ethical* and *the political*.

The Third is an ambiguous term in Levinasian philosophy. Justice is understood within the framework of ontology, within the domain of what he calls the Said, as that which can be conceptualized, compared, weighed, measured and traded. Justice is within the control of subjectivity and the rational knowledge of man. It is always present, but it is secondary. For Levinas, justice does not belong to ethics but has to be tempered and controlled by the ethical. As Adrian Peperzak puts it: “the dimensions of general justice cannot be liberated from violence, unless it is inspired by the face-to-face relationship of proximity. A radical overcoming of violence can emerge only from disinterested patience and anachronical passivity” (Peperzak, 1997, p. 114).

In other passages where he ties his ethics of otherness and the Other to ethical universalism, Levinas must be understood as picturing some metaphorical aspects of justice. He speaks about the Third being reflected in the Other. In the Other, humanity is opened up, not merely the face of the Other, but the one beside him, his brother and again his brother. The Other signifies an obligation towards human mankind: “the unity of the face is universal” (Ibid, 1997, p. 127).

The ambiguity in Levinas on the relationship between the Other and the Third relates to how ethics and justice exist both separately and together. Justice belongs to the Said, to ontology, ethics belongs to the anarchical Saying. Justice is necessary, but it “cannot diminish the infinite responsibility for the other. On the other hand “the original demand for an infinite responsibility remains, but it cannot be fulfilled” (Simmons, 1999, p. 94). The Third limits the infinite responsibilities towards the Other, the Third forces the ego to choose between others. That is also why Levinas uses words like economy and violence about justice.

Nonetheless, universal and political justice trades on the anarchic relationship to the Other. This also implies that all political regulations, all ordering of social institutions, have to be tempered by ethics, understood as the moral obligation and goodness owed to the particular human other. While for Rawls, justice is the first ethical virtue of social institutions, Levinasian ethics precedes justice and must regulate the political order: Levinas interprets the State as a necessary, morally conditioned, but general system of equality and justice, intermediate (and in a sense mediating) between goodness and war (Ibid, 1997, p. 202).

Levinas pictures ethics as a basis for the political order, for social institutions of justice; ethics is peace, proximity and responsibility for the human other. Justice and politics must serve ethics.

Interestingly, Scheffler claims that both Rawlsian ethics and utilitarianism subsume the conception of justice under, respectively, an overarching regulative ideal of institutional justice guided by the two principles of justice (Rawls, 1992), and a strategy of maximizing utility (consequentialism): “In this sense, both Rawls and the utilitarian take a *holistic* view of distributive justice: both insist that the justice of any particular assignment of benefits always depends – directly or indirectly – on the justice of the larger distribution of benefits and burdens in the society” (Scheffler, 2001, p. 166).

According to Scheffler, what is then forgotten is that justice is concerned with the sympathetic and fair treatment of individuals in relationships, and that “it is a constraint on the justice of distributions and institutions that they should give each individual what that individual independently deserves in virtue of the relevant facts about him or her” (Ibid, p. 168) [m.i.].

It is right here, in the asymmetric responsibility and relationship to the other person, that Levinasian ethics tries to locate the sources of a sense of justice. Levinas answers the question of why we care for justice in the first place.

But again; this ethical metaphysics must be conceived in a world with war, conflict, injustice and human atrocities. How shall the metaphysical ethics of Levinas address a political order where justice is badly needed? Individual responsibilities must surely be shared, the claims of the particular other must be measured against the nameless needs of human others. It is important to investigate what Levinas has to say to a reality where the primary moral challenge is not how to be good to your neighbor, but how to share your goodness so that not only *your* neighbor but also *his* neighbor and his neighbor’s neighbor has his share. In short, how to share one’s responsibilities without jeopardizing the basic goodness of individual care?

Those values we hold dearest pull us in genuinely different directions on questions of responsibility. We prize our freedom to choose, and thus to control the extent of our duties to others. Yet we are committed to the equality of persons, and are sensitive to claims of need that do not themselves spring from choices we have made. Moreover, most of us recognize a region of moral space that is occupied by claims deriving neither from our own choices nor from the needs of others, but rather from our membership in particular groups and our participation in particular relationships (Scheffler, 1994,

p. 19).

These words of Samuel Scheffler are relevant for one of the main conflicts within modern health care. On the one hand health care workers have a primary obligation towards their patient in giving proper human care. On the other hand this human, individualized care has to be measured, weighed and traded against the needs of all potential patients waiting for health care. What can Levinas say to an empirical reality whose ontic conditions are so harsh?

One possible answer is that Levinas has nothing to say to this. The metaphysical ethic of Levinas is a meta-ethics in which the basic foundations of morality are articulated. It cannot be a basis for a normative ethics. Such an answer might seem philosophically plausible, given the metaphysical and transcendental perspective of Levinasian ethics. But such a philosophical purity is repeatedly repudiated by Levinas himself. He addresses political and social issues using the framework of his ethical metaphysics.

Levinas continuously argues that

Morality is what governs the world of political 'interestedness', the social exchanges between citizens in a society. Ethics, as the extreme exposure and sensitivity of one subject to another, becomes morality and hardens its skin as soon as we move into the political world of the 'impersonal third' – the world of governments, institutions, tribunals, prisons, schools, committees, and so on. If the moral-political order totally relinquishes its ethical foundation, it must accept all forms of society, including the fascist and totalitarian, for it can no longer evaluate between them (Cohen, 1986, p. 29).

And about the state and its relation to the Other, he states even more strongly:

that for me the negative element, the element of violence in the state, in the hierarchy, appears even when the hierarchy functions perfectly, when everyone submits to universal ideas. There are cruelties which are terrible because they proceed from the necessity of reasonable order. There are, if you like, the tears that a civil servant cannot see: the tears of the Other (Levinas, 1996, p. 23).

Most striking here is the idea that the basis for the state is respect for individual suffering. Justice must be tempered by the signification of individual human suffering. The tears of the other must never be forgotten within the realm of a social policy and its claim for just allocation of resources. It is the voice of particularity we hear. Respect for individual suffering does not come from a recognizable moral law, but

from the Ego's infinite responsibility for the other person. Confronted with a non-reducible otherness in the Other, an otherness that can never be fully comprehended, but which in receptivity signifies vulnerability, the naked skin, the wound that bleeds, responsibility is born. This non-reducible anarchical responsibility for the Other must be protected and must hold in check the world of institutions and justice. The implications of this ethics of otherness are significant for priorities and justice in health care.

### **Priorities in health care – a Levinasian perspective**

When addressing normative ethics and the issue of justice from a Levinasian perspective, there is a terminological as well as a methodological problem. The terminological problem relates to language. How shall the difficult philosophical language of Levinas be transposed into a language conceivable for the empirical reality we see for instance in nursing and medicine? When Levinas speaks about proximity, vulnerability, the naked skin, the nudity of the face, the responsibility of the one-for-the-other, we can easily imagine the clinical reality with its human endeavors and vulnerable bodies. But Levinas speaks to a metaphysical reality and in a language beyond the ontological language of the Said. Still, *his words* have psychological and physiological meaning to the health care clinician. Still, they speak to us in a very evocative and provocative way. In vulnerability one sees the hurting pain of another, in signification one sees the painful body speaking about carefulness and compassion. Imagine the following description of clinical manifestations in a Levinasian language:

Observing the redness of the wound, which manifests an infection, signifies a pathological condition. But it also discloses an affection in which ethical significance is immediately introduced, in which the human condition of the other is immediately exhibited. Touching an injury is not merely the senseless and distant reflection upon destroyed and bleeding tissue. It is also profoundly an affection revealing ethical significance. The carefulness when the hand touches the wound and observing its structure signifies concern for the patient's humanity, his human condition (Nortvedt, 2001, p. 38).

Interestingly, the language of a Levinasian ethics voicing vulnerability, receptivity and signification, profoundly captures how the most distinct normative realities of health care are rooted in human sensibility.

But questioning the issues of care and justice, how can the ethical metaphysics of Levinas apply to a concrete clinical and problematic reality of health

care? This is a methodological problem. Levinas doesn't speak at the level of concrete normative action. Still, he speaks about the primacy of charity, about individual responsiveness in sheltering the particularity of the other person. The same warning he issues about the need for an ethics which can regulate the social order is a burning topic in modern health care. Even if the ethics of Levinas is metaphysical, he addresses the political and distributive issues in a significant and provocative way.

For instance, in medical care the pressing issue is: how far are nurses and medical doctors justified to go in jeopardizing the core values of particular care for the sake of justice? The problem is that today's health care is very much concerned with maximizing the benefits of all in need of care. To secure a fair allocation for all those in need is a true challenge of justice. But we need more than the perspective of ethical universalism here. When Levinas elucidates an ethical order where the concern for the other is an irreducible affair of mercy and respecting particularity, he addresses an important reality in clinical care. Nursing and medicine need to shelter their core values associated with caring for the particular patient under their responsibility. Responsibility cannot, for the sake of the Third, force care personnel constantly to violate the integrity of their patients. This is what frequently happens when essential needs of patients are overlooked due to lack of time and available resources. Now, one can argue that needs of admitted and actual patients must be disregarded due to the need for allocation of resources to the best of all potential patients.

But a Levinasian response to this is that the violence of distribution here threatens responsibility for the particular other. The essence of the ethical, which is the responsibility of *the-one-for-the-other*, is threatened. In the spirit of Levinas one may argue that the distributive maximization of health care jeopardizes the essence of this care itself. In the future, nurses and doctors may not be able to fulfill their duties to their patients in a proper way. What then is lost is the true essence of Ethics. The other is reduced to a number, and ethics becomes economy. Not the vulnerable sensitivity for the other, but the clever rationality of justice then justifies the moral order. Levinas could say that this is the beginning of the Totalitarian, Ethics is reduced to the Same, totalized, sensitivity is lost and the skin is hardened. This does not merely open up for brutality, *it is brutality*. Levinas expresses how a concern for justice has to be tempered by and held in check by the particularity of the Other. Constitutive for health care in particular is a sincere concern for the particular other person. Values of sensibility, of particularized care and mercy, constitute the essence of health care. If this particularity cannot be safeguarded,

if sensitivity for the human other cannot be cultivated within the crucial context of health care itself, the true moral essence of its practice is lost.

Levinas teaches us that the moral subject will always be haunted by the demands raised by responsibilities for the other. Responsibility is infinite. The moral self is never left at peace, because ethics, understood as responsibility for the other, is always questioned from the perspective of justice: there is no good conscience where the self can rightly feel self-satisfied at having done enough justice (Manning, 2001).

We need health care workers who can constantly be awake and voice concern for a justice that is not only fair, but also ethical in the Levinasian sense; that it can also shelter and protect the individual rights of the person. This means not only that a proper mediation between justice and care is necessary, but it is also required to specify properly the concrete, normative implications of ethical metaphysics for health care practices in particular. This means that for health care there is a need for a more thorough specification of the core values of its practices. It seems important to specify what health care workers shall not on any occasion be bound to do to their patients for the sake of distributive considerations. There are certain values that ought not under any circumstances to be overridden when caring for patients. A more thorough specification of the values in question is an important and challenging area for current and future research (Nortvedt, 2001). I think these values have to resemble principles of nonmaleficence, they have to specify some restrictive limits to the devaluation of relational care within professional contexts.

Let me give some examples of what such principles might look like:

- No patient in a terminal condition (who is dying) should be without a careperson that continuously cares for him. (This has been a typical issue in debates in Norway concerning priorities in health care).
- No patient, when seriously ill or dying, should be placed in a hospital corridor.
- No patient, should be exposed to unnecessary waiting, without proper information and defensible care while waiting.
- No patient should (unless specific circumstance allows it, or it is relevant for medical reasons) have his or her planned treatment (e.g., surgery) postponed.
- No patient should be discharged from care and left alone or sent home without proper care.

Of course, the problem of balancing particular care with justice can never be fully solved. There will



always be a conflict between our intuitions of mercy and compassion in the concrete human encounter and the demands of impartiality and maximization of human welfare that justice demands. But what Levinas says is still very essential, because he articulates how the basic nature of morality is not to be found within the realms of impartial justice or guided by the sophisticated cognitive representations of the Ego, but in the silent, very fragile, but simple “here I am”, “after you”, in a sensitivity where subjectivity is understood as an infinite responsibility for the Other.

In the words of Simon Critchley:

Levinas does not at all want to reject the order of political rationality, and its consequent claims to legitimacy and justice. Rather, Levinas wants to criticize the belief that *only* political rationality can answer political problems. He wants to indicate how the order of the state rests upon the irreducible ethical responsibility of the face-to-face relation. Levinas’ critique of totalizing politics leads to the deduction of an ethical structure that is irreducible to totality: The face-to-face, infinite responsibility, proximity, the other within the same, peace. Thus, Levinas’ thinking does not result in apoliticism or an ethical quietism, which incidentally, is the core of his critique of Martin Buber’s I-Thou relation. Rather, ethics leads back to politics, to the demand for a just polity. Indeed, I will go further and claim that ethics is for the sake of politics, that is for the sake of a more just society (Critchley and Bernasconi, 2002, p. 33).

## Notes

- Ethical particularism is an ambiguous term. In some interpretations it is meant to support a normative position that claims that ethical situations are in principal incommensurable; that it is impossible to judge from relevant features of one ethical situation to a purported relevance for a similar situation. There are no similar situations (Dancy, 1993; MacNaughton, 1988). Instead of endorsing such a claim, I will take particularism to mean individualized attention towards the human other based upon relational ties and spatio-temporal closeness (Blum, 1994). According to Blum, to be attentive to the particularity of the other person is an essential part of our moral predicament.
- Agent-neutrality is a term used in moral philosophy (Nagel, 1986; Dancy, 1993) and means that one’s moral point of view is detached from any particular personal viewpoint or relational association to any particular person. Agent neutrality is a term adopted from Derek Parfit (1984) and means a moral reason which does not include any essential reference to the person who acts from or endorses the moral reason.
- Scheffler argues that certain duties are congenial to human flourishing and that these duties stem from our intimate relationships to other persons within family and as part of group affiliations.

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