

# The Cinema, Ethics and Medicine at the End-of-Life: The Power of Metaphor

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## Summary

Death continues to be a mystery. We know little or nothing about it, except that someday it will come calling at our door. This is because, despite the certainty that we are all fated to die, death is always conjugated in the third person; it is always someone else who leaves this life. This is why it is so difficult to talk about it. Nevertheless, I propose two environments in which we aspire to death having some meaning: medicine, and its empirical-technical savvy, on one hand, and narrative and its attribute of metaphor, on the other. Here it is this metaphoric aspect that I shall be addressing. I shall address the capacity of narrative in general and of an audiovisual narrative in particular to speak of that entity, death, an obliquely human form, through metaphors. The narrative in question is *The English Patient* (1996) by Anthony Mingella. With the entangled stories of the different characters featured in this movie and with the metaphors appearing there I shall attempt to show that the narrative experience may offer a true moral experience, because in it the characters come to life, acquire a face, reasons and emotions, general and specific aspirations and life projects, aims fulfilled and desires left unfulfilled. Of course, it is not a question of deriving, from a film, any norms about our moral actions or that the film should tell us *how* we are to act; instead my aim is to highlight the capacity of movies to increase our receptiveness to what is plural, what is singular, and the emotional dimension of life and death.

*Keywords:* Cinematographic analysis, ethics, death, metaphor.

Whether I shall turn out to be the hero of my own life,  
or whether that station will be held by anybody else,  
these pages must show.

*David Copperfield, by Charles Dickens.*

Our aim here is to attempt to determine whether fictional narrative in general and that seen in the cinema in particular, might contribute anything towards a better understanding of death. This is because, in all truth, what do we know about it? First of all, we know about its certainty; that it is our ineluctable fate; that every step of our lives draws us closer to that final curtain. Since we are unable to deny or avoid death, and cannot escape it, we are aware -in second place- of all human efforts to palliate its effects; against the loss brought about by death we impose memory; against absence we engage in homage; against grief and pain we counter with homage and glorification. Thirdly, we know that the true death will inevitably be *my own* death. Until then, death will only affect *others*. This is why we cannot speak about death in the first person. When death finally arrives,

we shall have not breath to speak of it. And this is forever. In sum, we are fully aware of its lack of meaning; if not, how can we understand something that has no sense, something that is all too commonly the fruit of a chance event? How can we accept that blind date with the grim reaper when our life spans have not been completed? This is because death is normally extemporaneous and seldom happens at the “right” time. The time of death is also a time of judgement, and few of us, when looking back on what we have lived and experienced, dictate our own absolutions and calmly await nature to self-realise itself by recreating us, as Cicero wished in, *in the frequent memory of good deeds done*<sup>1</sup>.

Hence the fact that there are few discourses as difficult to engage in as that addressing death. When death is on the prowl, language tends to shut down and silence ensues (figure 1). This reflects the ineffability of death. And so, since death is something objective, something that will inexorably affect

us all in the end, it escapes purely rational analysis. Accordingly, in third place we have that death is a propitious event to be able to explore reasons and emotions, moral problems and existential dilemmas, desires fulfilled and projects unfinished. Finally, with the exception of certain spurious phenomena in which a cadaver might come to life and show obscenely itself, there are two areas in which attempts can be made to make some sense of death: medicine and narrative.



Figure 1: When death comes knocking at the door, language usually fades and silence takes over. Note this in *Death in the Sick Room* (1895) by Edvard Munch (1863-1944) (National Gallery, Oslo)

Thus, on one hand we have the knowledge provided by medicine; empirical, technical, based on evidence. Here we are talking about semiosis, diagnosis, prognosis, treatment and prevention. We are speaking in terms of cells, tissues, organs and systems; cell death, biological death and brain death. In sum, a complex body of knowledge whose very aim is to delay the final moment as long as possible and, when it occurs, certify it and determine its causes. On the other hand, we have the knowledge provided by narrative. This is neither empirical nor technical; not strictly logical, causal or argumentative, but instead symbolic, emotional and metaphoric. It is this metaphorical knowledge of narrative that we shall explore here. To do so, I shall refer to the film by Anthony Mingella entitled *The English Patient* (1996). The narrative revolves around the enigmatic figure of a man about to die and the story of his life as seen from his own perspective.

This initial approach merits dual caveats. First, what comes below is not an attempt to address

death in general or how the cinema has dealt with the issue of death generically. Accordingly, although perhaps somewhat provocatively, it may be said that the cinema does actually not exist; that only *movies* exist, and that in them the story and the characters contained within the film are always exceptional, unique, and endowed with very precise boundaries. This is the same as in clinical practice, where there is no disease: just the patient. That particular being circumscribed within his or her highly personal reality. In second place, I do not understand metaphor as a reductive or limited form; i.e., as a way of padding out discourse (the ornamental function) or of expanding more efficiently and persuasively what any given end posits (evocative function). Metaphors abound in our everyday speech and hence we think and act on the basis of what they suggest to us<sup>2</sup>. The fact is that there are occasions in which the ductility of metaphoric language may explain more accurately the contradictions of morality than the excessive rigour and rigidity often adopted by philosophical language. This is why Richard Rorty, questioning the capacity of philosophical language to provide effective answers to the real problems in which human beings find themselves embroiled, exalts narratives as regards their ability to create new metaphors, to broaden the vocabulary with which we are able to describe ourselves, and to expand our horizons<sup>3</sup>. Of course, I make no attempt to confront philosophical abstraction with narrative concretion, nor propose that one discourse should replace another. Instead, they should go hand in hand, so that both illuminate each other along a continuing journey back and forth. The abstract to the particular and the particular to the universal.

### A Babel of languages.

There is a metaphor that could help us to approach this period allotted to us in our individual lives, a period in which different moral criteria compete with each other, at least when they are not bounded within mutual indifference. I refer to an historical situation in which a norm may be universally valid for all human beings and superior to others. Pluralism, incommensurability, and multiculturalism seem to be the ensign ships of this new armada. The metaphor referring to this is that of the *Tower of Babel*. This is a story that, on one hand, addresses human excesses, the disobedience of humans towards divine order and consequent punishment: a confusion of languages; a radical lack of communication amongst the different peoples populating the

earth (figure 2). It is also a metaphor relating to the difficulty involved in rendering intelligible life styles very different from our own. However, where traditionally only a curse has been seen we now have the positive aspect of the metaphor: the absence of a single linguistic code, a diversification of languages, broadens the possibilities of our ways of thinking about the world and about how we fit in it. Thus, each language, as stated by George Steiner, has its own “*grammar of hope*”<sup>4</sup>.



Figure 2: The Tower of Babel (1563) by Pieter Bruegel the Elder (1525-1569) (Kunsthistorisches Museum, Vienna)

From the ethical point of view, this re-reading of the *Tower of Babel* speaks to us of the absence of moral monism, of a unique conception of good and evil, of the obligation we all have of placing ourselves at a vantage point from which we can see what is plural, what is complex, and what is heterogeneous. In medical terms, it is undoubtedly this confusion of tongues that fuels a large part of the conflicts that are characteristics of current medical care. Medicine cannot be a science because science always deals with the general. Thus, health workers must learn to live with uncertainty; they have to deal with the friction between the linguistic code of good medical practice and the personal “dialect” of the patient, his or her right to decide freely and autonomously about the prevailing illness, life, and –why-not?– death.

It is from this stance that I refer to narrative as a plumb-line able to balance principles and consequences, the general and the particular, the objective and the subjective, human aspirations and personal life styles: all coming forth through narrative. In this sense, *The English Patient* can also be applied to the metaphor of *The Tower of Babel*, because in the story,

in a somewhat random fashion, four people of different nationality and origin, ethnicity, and social background are thrown together. Each of them has his/her own “language” with its own “grammar of hope”; their specific and very personal fears and hopes, desires and reasons: Hana (Juliette Binoche), a nurse born in the French-speaking part of Canada; her mysterious patient, who is later to be revealed as the aristocrat of Hungarian extraction Lázlo de Almásy (Ralph Fiennes) (figure 3); Kip (Naveen Andrews), a young Sikh sapper, who’s job is to deactivate bombs for the British army, and an enigmatic thief and spy called Caravaggio (William Dafoe). We thus have a fairly complete mosaic of ethnicities and cultures, and all of them are circumscribed within a dual temporal-spatial context. This is one of the great virtues of narrative: its ability to contextualize; to bring to life the archetype, principle or idea; to put a face to the flesh, and to place all this within a given physical and material circumstance.

Accordingly, on the one hand we have the temporal context. The story is borne out in the latter days of the Second World War. It is the time of victory against totalitarianism; the moment of liberation. Paradoxically, and from this tension between Official (public) History and the personal histories that fuel the film, the narrative slowly uncovers the reasons why each of the characters is unable to escape. This is because above and beyond the differences apparently separating them there is a point around which each of them is tethered. All of them, since we are talking about liberation, are slaves to their past. Thus, we see Hana, who is unable to open up to the others, to engage in an intimate relationship, because she believes that all she loves ends up in death and decay. Then we Kip<sup>5</sup>, who places his life in the hands of the British government, the same one that has colonised his country; Caravaggio, in search of vengeance, track-



Figure 3: Lázlo de Almásy (Ralph Fiennes) and the desert; the “characters” of the story



ing down the traitor who betrayed him to the Nazis, who tortured and mutilated him; the dying patient, tormented for having been unable to save the life of the woman with whom he was so much in love.

And on the other hand, we have the spatial arena: the place where the action takes place. This is the convent of San Girolamo, in Tuscany (figure 4). In the film, the convent has been almost completely destroyed by bombs and lies in ruins. This of course reflects the state of the characters themselves. Thus, the spatial location becomes in itself an inner landscape, a mirror reflecting the precarious situation of the people inhabiting it.



Figure 4: The old convent of San Girolamo, Tuscany, where the action takes place

In this way, space and time contribute to designating -metaphorically- the process to be undergone by the four characters in their self-re-examination: they must free themselves of the past in order to reconstruct -over their own ruins, their own flotsam and jetsam- a new and fuller identity. Of course, movies that are eminently narrative tend to be reluctant about introducing metaphors in the pure state, because a metaphor of this nature, lacking any narrative function, merely delays the flow of the narrative and shows up the artificial nature of the tale. In sum



Figure 5: A hand slowly draws a black sign

it would threaten the effect of reality that is essential if the full attention of the spectator is to be engaged.

Nevertheless there is one area in which this can be done: namely, the credits section. The story has not yet begun but the discourse around it has. Thus, as well as providing us with a considerable volume of information about the main characters who in one way or another are involved in the film, or affording us a gentle transition between our own reality as spectators and that of the characters we are interested in, the credits offer a declaration of intent as regards what is to come later. This is the case of *The English Patient*.

An anonymous hand holds a brush. It skilfully traces an outline in black. The trace is at first sight uncertain but in the end we see it is a human figure<sup>6</sup> (figure 5).



Figure 6: The burned face of the amnesiac Lazlo Almásy

So, in the very first pictures we see the rules of the game that are to determine how the film is to be driven from the narrative and technical points of view: from the narrative point of view, because the structure of the film is based on snippets of history that progressively offer us an apparently disconnected and partial information. As with the drawing, only at the end, when all the loose ends have been neatly tied, is the spectator able to place each fragment in relation to the others and fully understand what has been going on. And from the thematic point of view, the film deals with identity and memory and we are thus shown how it will develop.

At this juncture it seems interesting to point out that at the beginning of the story the main character -the dying patient- is a completely anonymous entity, his face disfigured by fire<sup>7</sup> (figure 6) and, apparently, amnesic and hence lacking the attributes that we normally use to define our identity: name, facial char-

acteristics and past. How does the tangled web of memory work? Also in a very fragmented and selective manner. And also through a slow unveiling, whose overall and complete reading can only be accomplished in retrospect, at the end of the story.

However, this first image is also a metaphor of the ethical usefulness that I intend to assign to narrative, because through it we become aware of the importance of circumstance and context; of the need to address the person as a single entity; of the fact that the isolated events of our lives, very much like the tracing in the drawing, are irrelevant if they are not integrated within the circumstances defining our own biographies. Our own existence is organised narratively. What, indeed, are we if we are not “*narrative identity*”, the heroes of a narrative that give us unity and therefore a sense of all of what we have done or failed to do in our lives?<sup>28</sup> What are our aspirations if not to become heroes, those ultimately responsible for our own *stories*? The projection of this idea to medical practice is evident because it involves introducing patients to the idea of decision-making, and here I refer to patients as a whole, because it is not merely a question of them fixing upon or rejecting a list of symptoms. Each patient has his or her own hierarchical set of values, ideals and feelings. In medicine, decisions are not taken in the abstract but in the context of real human patients, under specific circumstances. Medicine is thus a prudent science and the wishes of the patient should be considered on an absolute par with good medical practices and the desire to cure.

### The cognitive value of emotions

Hana, the nurse, does not understand this at first. When the dying patient first expresses his wish to



Figure 7: Lazlo: “Why do you insist that I continue to live”, Why are you so determined to keep me alive n Hana “Because I am a nurse”

be allowed to die she abjures this, saying “I am a nurse”. *Primum no nocere* (figure 7): First do no harm. The abstract and objective universal has been enounced. However, it is hard to do somebody good without taking into account what is good for that person and according to their criteria. As from here Hana goes on a journey that will take her, through different phases and tests, from times of fleeting plenitude and recurrent despair, to accept the wishes of the patient. Thus, after having refused to meet the demands of the patient we see her in the darkness of the inner courtyard of San Girolamo playing hopscotch (figure 8). The game refers less, but also, to the impossibility of recovering the innocence lost during the cruel struggle than to the path she should take. As in Spanish hopscotch, from the earth to heaven; as in life itself, from the darkness to the light, from despair to hope; from ignorance to knowledge. To knowledge eminently of the other, of his story, his reasons and motives.



Figure 8: Hana playing hopscotch

Upon conceiving narrative essentially as a way of exchanging experiences, Walter Benjamin<sup>9</sup> elevated the ideal figure of the narrator precisely to the dying man. To one who faced with imminent death narrates his story with a view to endowing it with meaning. Also, the “English patient” immobile in his bed would explore his entire life experience. When he gets to the end of his story, with a gesture he again asks Hana to help him die. Already dead for some time, dying at the same time as his lover in the Cave of Swimmers he appeals to the compassion of the nurse to leave this world behind definitively, a world for him, and according to his intransigent criterion, lacking meaning. This time, the nurse does not hide herself behind principles and, with tears in her eyes, injects the patient with an overdose of morphine that was scarcely able to palliate the patient’s physical, let alone his existential, pain. It is

what Cicely Saunders in her pioneer work with terminal patients called *total pain*<sup>10</sup>.

Finally, the morphine begins to take effect while Hana reads the final words that Catherine, his lover, wrote just before she died, linking past and present, establishing a link between the two women:

We die. We die. We die rich with lovers and tribes, tastes we've swallowed. Bodies we've entered and swum up like rivers. Fears we have hidden in, like this wretched cave. I want all this marked on my body. We are the real countries. Not the boundaries drawn on maps with the names of powerful men. I know you will come and carry me out into the palace of the winds. That's all I've wanted, to walk in such a place with you with friends. An Earth without maps (figure 9).



Figure 9: Hana reads: *We die. We die. We die rich with lovers and tribes, tastes we've swallowed*

A large part of the ethical problems arising from clinical practice with a background of death are announced in the following sequence:

\* Impotence and guilt when faced with loss. Did we do everything possible, all that was in our power? Could we have done anything else? Whence comes that sensation of having been mutilated in our innermost parts? Why does the wound not heal and continues to suppurate despite the time elapsed?

\* Care: is death really a failure of medicine? What must we do when it is no longer possible to cure? Perhaps excessively banal, narratives usually endow women, in the case also a nurse, with the capacity for an empathic view of life. When the dying person becomes a burden, the nurse continues to deny him and stays with him, accompanying him and comforting him. She even contributes to satisfying him through his death<sup>11</sup>.

\*Autonomy: as a act coherent with the system of values and attitudes that the patient assumes reflex-

ively and consciously; as a fundamental decision in knowledge of the situation and the foreseeable consequences, the intentionality of the act and the absence of coercion from without<sup>12</sup>.

\*The unique and exceptional character of the person: his/her incommensurable value beyond abstractions, generalisations or, as in this case, national determinations. The fact that each human being is of value and has no price is an end in itself and not only a means for others.

We can undoubtedly conceive of more rational debates, more solidly argued, about all these issues, but infrequently in such an emotive way. And the point is that emotion is inherent to the structure of all narratives. This is the *sense* of narratives. Let us take advantage of the polysemy of the word "sense", let us allow it to reverberate for a minute. Sense refers, first of all, to meaning; in second place it refers to direction, to the journey made by something in motion; finally, sense is also what is sensed; that is, it has to do with the world of emotions, dealings, and affection. From this point of view, a narrative is merely an access route to meaning through emotion. We can derive three implications from this:

\* The relevance of emotions in moral reflection. Of course, it is not a question, as Hume would have it, of making reason slave to emotion, but instead of assuming the Aristotelian claim that choice is either wishful intelligence or an intelligent wish and this class of principle is humankind<sup>13</sup>. This is so because neither desire is blind nor intellect lacks feelings. Morals is not only a reflective act and a will to "objectivise" the world, it is also emotional impetus and narrative imagination.

\* Without aspiring to validate the apparent oxymoron "rational emotions", there is always the possibility of being able to talk of "reasonable emotions". The pure being -mere rationality- does not exist. To apprehend the world in all its complexity includes the feelings with which we cover it. Emotions mobilise our beliefs and opinions; they oblige us to clarify them and relate them and enable us to perceive things from a point of view other than the usual one.

\* If ethics is to be of this world, it should descend to the reality of those it is directed to it cannot forget what we are made of: i.e., moral feelings. Irritation, indignation, guilt and shame. And empathy too, the ability to place ourselves in the place of oth-



ers, of understanding rationally and affectively what others experience and demand in a given situation.

### The body as a territory

This is one of the challenges faced by modern medicine, since against its progressive “technification” that results in the perverse expropriation of the body of the patient, the latter is justified in reclaiming it. The body itself is something that is owned, is something that we own, is something that, in the long run, we can make decisions about. If the reader will allow me to, I shall use a metaphor that runs through the narrative addressed here: the body as a territory. The whole story of the patient arises, is developed and concludes in a space that is the strongest metaphor of the narrative: the desert (figures 3 and 10). On one hand, the desert is presented to us as an open and infinite space, without limits, without borders and without confines; that is, reluctant to admit an owner, reluctant to be appropriated by anybody. On the other, the desert is seen as equivalent to the human body, in general, and that of Katherine (Kristin Scott Thomas) in particular. The same illumination, the same camera angle converts the gentle desert dunes into the smooth undulations of the naked body of the lover. And it is from this identity that the double paradox that will lead the loving relationship to its tragic ending arises. The first paradox is Lázlo de Almásy, who repeatedly expresses his love for the desert -for that vast space which is impossible to bound, delimit, or circumscribe- and he repeatedly denounces the appropriating wishes of nations. He is a cartographer; that is, someone whose work consists precisely of designing and drafting –arbitrarily- the human conventions of borders, limits, frontiers and edges. The second paradox, is that he who denies the power of government predators to appropriate the territory will attempt to appropriate the body of his dead lover, lending his name to part of it: *The Bosphorus of Almásy*<sup>14</sup> From here, from this act of appropriation, of expropriation and of coercion, jealousy and possessiveness will preside over the loving relationship until its tragic outcome.

The film comes full circle. The same image of the plane flying over the desert dunes that it began with is taken up again at the end (figure 10). Against the linear time of History, we see the circular time of Myth; of narratives aiming to order the primitive chaos, to give meaning to human existence, to answer the age-old questions around which we

build our identity: Who am I? Where do we come from? Where are we going? I would also like to think that this mythical substrate survives in many current narratives; the desire that readers, listeners or spectators will be able to extract from the narrative experience something that they previously lacked. Thus, too, in the film explored here the listeners of the tale of the dying man will obtain from it something that will modify their perception of things, and hence their behaviour. Caravaggio will renounce the vengeance that had occupied the latter part of his life; Hana, the true image of the spectator of the narrative, a privileged witness (like us) of the different parts of the story, will be able to end her particular grief and resolve the conflicts that had led her to a static existence and darkness. In a final coda, we see the nurse set out on the pathway, smiling and serene, her face bathed in brilliant sunlight. Transformed.



Figure 10: The film comes full circle. The same image of the plane flying over the dunes of the desert as at the beginning of the film appears at the end

### Those friends

This is what one can demand of narrative. That it should transform us, that it should make us aware of aspects of our existence that have passed unnoticed. But it should never demand the norms of moral action, either in the Kantian sense (what should I do?) or even the Socratic one (How should we live?). I do not believe that giving answers to this type of question is a function of narrative; instead, I am inclined to consider narrative as an interlocutor with which it is possible to hold a dialogue:

About the plural nature of what is valuable. This is because since it is today frequent to accept plurality, it is considerably harder to carry it out in practice; to respect opinions about life that, from our own point of view, we believe to be mistaken.

About the pre-eminence of what is particular and contingent upon the general and the universal. Philosophy works with universal truths, and narrative (health personnel too) with particular truths. Universality will find it hard to elicit emotions, and in any case the intellect is sometimes blind to values.

About ethical values, or if you wish, the cognitive value of emotions, because these are not blind, irrational forces that cloud our ability to make rational discernment. Martha Nussbaum, in her essay on the ethical usefulness of literature, uses Adam Smith's *The Theory of Moral Sentiments* to introduce the figure of the *wise spectator*<sup>15</sup>. What in Smith and Nussbaum is metaphor, here is literal. We ourselves are those wise spectators, able to assess a situation from a distance without being personally involved in it, but we are also able to involve ourselves emotionally and rationally in that situation and to draw the pertinent conclusions.

Wayne C. Booth has elaborated an ethical theory of fiction around a metaphor that it seems pertinent to recall: narrative as a friend. Hence the clarifying title of his work: *The Company we Keep*<sup>16</sup>. According to Booth, the same bases that drive the choice of our friends also inform our narrative choices. Why do we wish to spend part of our lives in the company of certain authors and works? First, and evidently, for pleasure; in second place, for our benefit. Finally, and fundamentally, beyond providing us with a good or pleasant experience, they offer us shared aspirations. This is true friendship, that *from* which and *in* which we enrich one another mutually and reciprocally. Let therefore us consider narrative thus; as a friend in whose company our horizon can and will be broadened. Somehow, it would be an attempt to recover series of facts often forgotten: that many works of fiction situate human existence at the centre of their attention; that in their discourse conflict and decisions, judgments and perceptions, desires and prohibitions, doubts and certainties, agreements and disagreements, reasons and passions are entwined to such an extent that the narrative experience can be an enriching moral experience.

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- 5.- The inner conflict of this character is somewhat unclear in the film with respect to the development it receives in the homonymous novel by Michel Ondaatje and that serves as the basis of the story of Anthony Minghella.
- 6.- In particular a swimmer, similar to the cave paintings that, later in the narrative, Almásy will discover at the Gilf Kebir cave.
- 7.- Fire that is not so much the fruit of an explosion as that of passionate love.
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- 11.- What is being expressed here reproduces what in more academic circles allows a distinction to be made between the “ethics of rights or of justice”, mainly masculine, and an “ethics of care or responsibility”, eminently feminine. That is, between a moral focused on abstract ideals of perfection and of justice in rights and



norms, in terms of a hierarchy of values (staircase logic, vertical) and another more contextual one that is more attentive to the particular circumstances, and is based on criteria of interdependence, care, responsibility and empathy (network logic, horizontal). The foundational text is undoubtedly the correction that Carol Gilligan proposes to the states of moral development of Kohlberg: Gilligan C. *In a Different Voice: Psychological Theory and Women's Development*. Harvard: Harvard University Press; 1982. From here onwards, the bibliography is vast.

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