



Abstract

Although much research has been dedicated to describing the ethical and communicative conditions of the encounter between a health care professional and a patient, in fact we know very little of the encounter itself, nor of the concept of the identity of the subjects they implicitly fall back upon. By contrast, in this paper we want to start from the fundamental question: what happens when two people meet in a patient's room? How do we take hold of the uncertainty and unpredictability in every new encounter? To address this lack we turn to the work of the French Philosopher Jean Luc Nancy and his notion of the singular and its importance for the encounter in the healthcare setting. Nancy examines the philosophical presuppositions inherent in the ways we speak of human identity. We explain his analysis of 'together' or 'with', and of 'singularity'. Then we apply his idea of singular identity to shed a new light on the encounter mentioned above.

Key Words ethics, health care, Jean-Luc Nancy, patient, professionalism, relationship, singularity

Meeting a Patient as a Singular Event: A Philosophical Reflection

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A precarious encounter

Both for the patient and the health care professional, entering into a patient's room or nearing his bedside always creates a moment of uncertainty. For the patient this uncertainty is determined by such concerns as who the care giver is, what she is going to do and for how long, or if good or bad news will be shared. For the health care professional, it also means a step accompanied by questions such as who will he or she encounter, and under what conditions, and how this patient will respond to the information or treatment given. A nurse about to wash a patient or do a painful but necessary treatment, a doctor coming to discuss the results of

her surgery or a physical therapist beginning rehabilitation exercise with the patient, share at least one fundamental characteristic: the artificial coming together of two persons who are often not familiar with each other and who possibly will not see each other again. They all meet each other in sometimes precarious circumstances.

Although much research has been dedicated to describing the ethical and communicative conditions of this encounter, [See for instance: 1,2-6] in fact there is still a need for on ongoing and profound reflection on the clinical encounter itself. How for instance do we take hold of the uncertainty and unpredictability in each new encounter, with not knowing what to do in advance when meeting a patient, despite the existing guidelines, competences and skills which are at hand? This encounter is of course a specific one with on the one hand, a patient in acute need of healthcare services, and on the other a person charged with professional skills and competencies. When these two meet at the bedside or in the clinic, this encounter asks for particular reflections about how to get along. Sometimes, for example, a patient

may be fearful, in pain, sad or even aggressive, while doctor or nurse may be exhausted, rushed or uncertain about the potential effectiveness of treatment.

We understand this question of such an encounter to be a genuine philosophical one. As is most often the case with philosophical questions, they deal with topics which most of us take for granted, but our answers to them are nevertheless crucial for the way we think and act. We will show that not only does this question on the encounter pre-exist all other questions concerning the relationship of a patient and a health care professional but the answer to it can highly determine the conditions through which this encounter is worked out. In particular, an unquestioning reliance on the concepts of personal identity and autonomy are crucial in this.

To address these questions, we turn to the work of the philosopher Jean-Luc Nancy and his notion of the singular. Nancy not only writes in detail on the subject of what he calls 'being-with' or 'being-together', [7-11] he also examines the philosophical and ontological presuppositions inherent in the ways we speak of human identity, be it singular or plural. Since we use his work to ground our analysis, we will explain first a few of his concepts, in particular his analysis of 'together' or 'with', and of 'singularity'. Then we will apply his idea of singular identity to shed a new light on the clinical encounter. By the singular aspects of our identity, we mean the temporary differences of a person which are unique in time and place. These differences are infra-individual, meaning for example, if a physician is confronted with the sorrow of a patient or with his joy of recovery in an encounter, he will likely enter the next caught up in this mood of sorrow or joy. Both the patient and healthcare professional can be quite different from time to time, from place to place, from person to person.

This means that a meeting between two individuals can greatly differ depending on the circumstances. In one situation, if a surgeon shares bad news with an oncology patient before or after surgery, it can mean an enormous difference to the patient. In the first case, surgery may have been of help, in the second case, the surgery has probably failed and the patient maybe facing the terminal phase of the disease. In another, an elderly widowed woman readmitted for leukemia (with an eight year hiatus) is talkative and engaging. Her nursing student enjoys caring for her but after an adverse reaction to treatment this patient is withdrawn and at times aggressive and the student forces herself to approach her bedside.

Together

If we articulate an encounter at its most abstract level, perhaps it would be like this: when two people meet in a patient's room, they come together. This expression seems banal but it is not. Although most of the time we pretend as if we know what 'together' means, it is far from sure that we actually do. How can we speak of a together in this encounter? How can we understand it? Together (translation of the French '*ensemble*') is a concept Jean-Luc Nancy first introduces in a text on 'compearance' written on the occasion of the fall of communism.[12] Compearance is a juridical concept that means becoming a defendant, appearing before a judge. Compearance also has the general meaning of a gathering or meeting. Moreover, it is a linguistic relative of the Greek '*parousia*', the anticipated (second) coming of the Lord in Christian religion and thus also with '*dies irae*', the day of the Last Judgment.[13]

The meaning of compearance circles around the appearance or arrival of something, on the one hand, and the multiplicity of that arrival, on the other. This is also why co-appearing (in French: '*comparaître*') means that the appearing ('*paraître*') takes place never other than as 'co' (with). It is, according to Nancy, never a matter of appearance itself, but about an existential condition for every appearance. There is no appearance, no coming to the world and no being in the world that does not take place as 'withness', Nancy writes:

Compearance, then, must signify—because this is what is now at stake—that 'appearing' (coming into the world and being in the world, or existence as such) is strictly inseparable, indiscernible from the *cum* or the with, which is not only its place and its taking place, but also—and this is the same thing—its fundamental ontological structure.[11, translation modified,13]

Nancy employs this meaning of compearance in order to lay bare what he calls 'the ontological structure' of an encounter between people. An encounter means we are, at least for some moments, together. Being-together, he writes, is being-one-with-another, a we. Such a we can be a group, a network, a people, a couple, but it always denotes a contingent we, a we that appears and disappears in an ever temporarily, unique and therefore singular manner. Every we arises with each renewed encounter in a different way, it is no substantial and permanently existing whole. For instance 'we Americans' or 'the patient' refers time and again to another reality because the identity of this we is unfixed.

The singular

This brings us to the next concept of Nancy's, singularity. For

readers unfamiliar with his oeuvre, the next consideration obviously needs some further explanation: every singularity is plural, but every plurality is also singular. This central thought coming from *Being Singular Plural*, is crucial to his conceptualization of human being-together and to what he means by singularity. Although in *Being Singular Plural*, Nancy often refers to the singular or singularity; it is in his earlier essay "Un sujet?" [14] That he sets out what singularity signifies, albeit by way of a detour. Here, Nancy enquires into our historical-philosophical understanding of the 'subject', the philosophical expression for the human individual. In this understanding, a subject is understood as a self-actualizing entity that, present to it, is itself the permanent base from which the outside world is represented to consciousness. This notion of subject can be attributed to the founding father of modern philosophy, René Descartes, for whom the world is an object to be understood by a subject positioned outside that object. [14] In this connection, this subject is, in a way, floating above the concrete world and does not take part in the world.

Most of the time when we speak about human beings and call them, for instance, autonomous or unique, we fall back upon this Cartesian idea of a subject; or as Nancy says: a substantial and permanent identity of the individual. Consequently, when we talk about an encounter in healthcare, we then would be talking about the coming together of two people with such permanent or fixed identities. As a result, we develop guidelines about how they should meet each other in a professional context, thereby presupposing that these identities remain always the same. The whole idea of patient-centeredness, for instance, is based upon this point of view: in the first place, the patient is an autonomous and undivided individual. [15,16]

On the other hand, Nancy's perspective on an encounter is quite different. In the place of the term subject, he speaks of singular existence. According to him, existing is singular before anything else; it is not founded in a specific essence that may or may not precede existence. Existence has a purely singular place and does not exist on the basis of the presence of a fixed and consolidated identity always identical to itself, but from the uncountable moments during which existing occurs or takes place. My existence is singular insofar as it is not my own and not my possession, insofar as it takes place an uncountable number of times 'in' my individuality itself, as Nancy has explained in a footnote to *The Experience of Freedom*:

Singularity is what distinguishes the existent from the subject, for the subject is essentially what appropri-

ates itself, according to its own proximity and law. Yet the advent of a subjectivity is itself a singularity. [9]

This does not mean that there is no self, but that the self has no abiding essence. The singular does not result from the production, the foundation or the autonomy of something. On the contrary, it gives the subject no final ground or first cause, as one classically intends by the Latin word *subiectum*, which literally presupposed being, the foundation of every act. The singular exists in the always simple act of essenceless existence. In this act of existence, the singular is present but not as a subject that is self-present.

The presentation of the singular is a coming to presence of a moment, always anew, in every act in which it appears. In this sense, the singular is never present to itself. As being-in-the-world, it is always exposed to other singularities, or better, to other singular moments. We is one by one and one with one, as Nancy cryptically describes it ['one by one' is his translation of the Latin 'singuli']. [11] And also: the singular is "each time, only this time [*à chaque fois, une seule fois*]". [9]

Nancy's specific test for this general notion of singularity is the coupling of singularity and plurality: there is no singular that is not placed in plurality and reciprocally, no plurality that is not always singular. The singular is (as) plural, with and between others, it is the one, punctual indivisibility in each unique encounter in which it takes place:

The singular is thus this indivisible unity. It is not something which one can relate to an essence, or – spiritual version – to the soul, or – materialist version – to the body. Its singularity is its unity as unique existence. The decisive category of the singular evolves exactly around this, to that extent precisely that it, perhaps is not even a category or is at the limit of every category [...] The singular cannot be classified; the singular is the act through which one departs from classification, through which one departs from the logical and cognitive order of substance. [14; authors' translation]

The singular is indivisible, but not as a subject or a whole in which all empirical bodies are absorbed. With each indivisible and unique act, the singular reappears, and with the disappearance of each act, it disappears once more. A singular existence is at each moment temporarily indivisible for the time of the event or its singularization. This event can be infra-individual – differences within the same individual – but also transindividual – differences within the same group of individuals. Meeting friends at a bar or a street party can each form singularities, but meeting the same friends at the bedside of their sick friend at the hospital makes another singularity of them.

Therefore, from a Nancian viewpoint meeting a patient is a singular event. As singularization involves always being exposed to others, every singular encounter is another exposure. Although we often use typologies to classify people – this is in particular the case in healthcare – a type is never as such a type seen from a singular perspective. What is an elderly patient for instance? If a nurse enters a room and her colleagues have told her that the patient is an old woman, what do they mean by that? It is as if all old women are of one category, and even as if the same old woman is always the same person. Yet someone may have paid her a surprise visit which results in a renewed courage.

In every encounter, the relation between singularities is their incommensurability. They can never be reduced to each other but their mutual differences are not substantial characteristics that can lead to a specific, demarcated whole of singularities either. We are different from each other, but not because of a substance or an archetype. Characteristics such as ethnicity, a people or a culture are contingent rather than exclusivities that permit or disallow someone from the outset from categorizing people into types or vast characters.

It is thus a question of singular differences, the infra-individual differences that make someone always plurally, locally and momentarily different. I do not differ just from others but also differ continuously from myself. With a friend I behave differently than with my family; when I am sick, my world is upside down, but that of others is not. In different contexts I can also behave differently toward the same person. People never meet person Y as such, but always person Y with specific infra-individual qualities or characteristics.

This is why people are not to be distinguished from each other on the basis of whether or not they share a common denominator. There are no archetypal points of comparison or one or another essence against which each character trait can be measured. The smile of an old Turkish man after his hip surgery does not typify him on the basis of some substantial characteristics of either being Turkish or being a man. The smile typifies this man at that moment, at that fleeting moment at which he laughs and you imagine he will recover soon. Even an encounter with the same man, at the same place and time and with the same smile but with someone else in the patient's room, creates a completely different meeting and thus another singular moment. Maybe he smiles because of his visitor and not because of his successful surgery. These, says Nancy, are the everyday characteristics that reveal the plural singular. The moment someone raises her arm in a specific way, when she adjusts her skirt, when she smiles or casts a shy look at the world, and so forth. These

things typify her, but they do so not on the basis of a number of fixed characteristics of a substantial identity.

Nancy's praxis of encounters

After our short journey through some of Nancy's vocabulary, let us now return to the question we started with, namely what can we learn from Nancy's concepts of singularity and being-together to analyze the encounter between a patient and a health care professional? In other words: why might the nurse or the physician require an understanding of identity and human encounters based in singularity? What is the surplus value of categorizing encounters as *singular* events?

In principle, if we are talking about a professional encounter, we talk about persons who do not know each other; who are not friends, not family; they have no privileged relationship or bond with each other. In short, everything is at hand to describe it as merely a functional, professional, superficial relation or relatively unimportant within the whole of a human life as compared with long term relationships with friends and family.

And yet, is often not the opposite the case? To meet a patient is time and again a moment of uncertainty and unpredictability, and therefore a very powerful event. Someone is sick or injured and is exposed in the most literal sense of the word. In *Corpus*, Nancy calls this exposure to one another *expeausition*—playing on the term 'exposition': '*peau*', in French, means skin.[17,18] Skin is literally exposed to contact with another skin or surface. Such exposure and such contact is more than occasionally the case for the encounter of a patient and a health care professional. Not only the singular *expeausition* of the patient is at stake here, but also that of a health care professional. He touches, supports, helps and is therefore himself also touched in the broadest sense of the word. For both parties in this encounter, their selves are exposed to a heteronomy, a sharedness. This is what Nancy calls *partage*, which means being shared as well as being divided. Only from out of this shared space, an encounter can take place.[19] If a patient and a health care professional meet, they are both sharing the same space and time: a nurse who has to tend to patient after an episode of severe bleeding, is confronted with a very intimate and close encounter with another human being when she bathes him, changes his linen, and comforts him. And of course, she has to be very professional in her acting and communicating, but is that all we should tell about their encounter? Does it really stop here?

Singularity within healthcare

What can we describe as the main characteristics of the encounter of a patient and a health care professional seen from a Nancian viewpoint? Every encounter is unique in time and place, even if the two persons know each other, as every meeting is singular due to their moods at that very moment. For example, the encounter can be shaped by the patient's hope of recovery or his lack of it, the sunshine outside, or the nurse's distress over an earlier interaction with another patient. Each encounter is as concrete as possible and always operates in a here and now or a space-time; it always stands for a plurality, a sharing, an intertwining of beings. To encounter presupposes a space and time that every "I" shares with others.

When Nancy makes a stand for singularity within human encounters, his point of departure is our existential condition which demonstrates that being plural singular makes the plurality of encounters possible. Nancy describes the encounter as "a sharing, and not as a fusion, as an exposure, or as an immanence".[8] Everyday encounters can be very diverse: encounters with whom, when, how often, why? There are encounters that are literally encounters, approaches that bear no demands with them; there are distant contacts, but there are also intense bonds between friends; there are encounters that we scarcely can remember, others that have put their stamp on us; there are aggressive or traumatic encounters. Being-together or being-with reveals itself just as much in everydayness as in the privileged encounter, says Nancy.

An encounter is an act, a moment, and although temporary, not a standardized or individualized one. If we meet a patient, we can of course neglect these aspects and foreclose ourselves into models of professionalism and communication; these are, once again, useful and necessary, but when privileged as the one-dimensional perspective of the encounter between a patient and a health care professional, we miss a crucial aspect: the encounter itself. The encounter is what escapes from our guidelines, is what makes me –whether I am a patient or a health care professional – be surprised, disappointed or happy, be exposed and expeasured.

Conclusion

A singular exposure is crucial to an encounter, albeit a professional one. Meeting begins with the exposure to plurality and with the sharing of a unique moment and place. Such exposure means being summoned and judged. The idea of compearance does no longer start from any theological judge before whom we must appear. *Dies irea*, the Day of

Judgment, is not a day that could ever occur in history, but it is the tribunal of plurality before which we appear at every moment. To encounter is being exposed to plurality. Consequently, this exposure confronts us with a responsibility for the unique moment we meet another person.

Consequently, an encounter is not an abstract reality of a patient versus a professional, but always concerns an act and praxis. The event of the encounter of one person to another is always unique and has to be thought from its radical temporality, from the fact that an encounter concerns no other unity than its subsequent singular moments, nothing other than its multitudinous moments. The question of the encounter of a patient and a healthcare professional is not only a question of developing professional guidelines and skills, but is also a matter of always being exposed over and over again, of being surprised time and again by the singular meetings with patients. Isn't that the simple 'evidence' medicine should be based upon?

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