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The Spaces Within: a Foucaudian Analysis of Organ Donation Discourses

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Contents

ABSTRACT	IV
CHAPTER 1	8
1. Aim of the study.....	8
1.1 Objectives of this study.....	8
1.2 Situating the study.....	9
CHAPTER 2: DISCOVERING FOUCAULT	10
Introduction.....	10
Michel Foucault — (1926–1984).....	10
Finding our way	11
The first phase	11
The second phase.....	14
The third phase.....	16
Foucault and discourse	18
CHAPTER 3: METHODOLOGY	20
Study design.....	20
Why use Foucault?	21
Foucault – a critical perspective.....	25
Methodology Interpreted.....	27
The archaeology and the discourse of organ donation.....	28

Genealogy and the discourse of organ donation	31
Genealogy continued—Foucault and the Ethics of the Self	32
Method	34
Data Collation—Method	35
Organisation by category	37
General categories defined	37
Discourse Categorisation and Organisation	40
Analysis—an approach to identifying discourse through methodological application	45
Archaeology	45
Genealogy	48
Ethics of the self	49
CHAPTER 4: INTRODUCTION TO THE STUDY.....	51
Why Now?	52
Interpretation of the body	53
The construction of boundaries	54
Marginalising bodies	55
Ambiguity and the body of technology	55
The ordering of science as truth	57
Moral positivism and the ethical dilemma—overcoming death	58
Risk and Benefit	60
CHAPTER 5: THE BODY IN QUESTION	62
Interpreting the body	62
Introduction	62
The theological body	63
The medical body	69
The emerging body	69

Toward the discourse of replacement.....	71
The Ambiguous Body—death by technology.....	73
The nursing Body.....	76
Nursing knowledge.....	76
A duality of discourse.....	79
The disciplined body.....	81
The public body.....	83
Wooing the public.....	83
Whose body is it anyway?.....	84
Status and rights.....	85
The redefinition of death.....	86
... In conclusion.....	87
CHAPTER 6: BELOVED STRANGER.....	89
The construction of boundaries.....	89
Introduction.....	89
The boundaries of obligation and duty.....	91
Obligation and responsibility.....	92
The blurring of the physic and the faith.....	93
The death-bed.....	94
The beloved stranger—and the plurality of discourse.....	96
In conclusion.....	99
CHAPTER 7: THE POWER AND THE KNOWLEDGE.....	102
Marginalising Bodies—the mosaic of power.....	102
Introduction.....	102
The power.....	103

The emergence of new kinds of power.....	104
The scale of control.....	105
The useful body.....	107
Relational fields	107
The body at the margins.....	108
The development of organ donation ideology.....	109
... And their threads of connection	110
More than one ideology may appear in each space.....	111
Power and resistance.....	112
The economic body.....	116
The birth of the economic discourse	120
Saving the health dollar—economic rationalism	121
... In conclusion.....	123
CHAPTER 8: TECHNOLOGY'S BODY	127
Technological diffusion of discipline in society	127
Introduction	127
The beginning of rationality	129
Education as constructive power	133
The technology of legitimate use.....	137
Technology of practice and the circular process of beneficence	138
The matrix of rationality and the notion of care and best practice.....	139
Best practice and the duty of care.....	140
Specific functions and correct training.....	141
... And related business.....	145
Special functions in the ordering of knowledge.....	146
... In conclusion.....	149

CHAPTER 9: THE WILL TO LIVE..... 156

The Ordering of Science as Truth.....	156
Introduction.....	156
Truth.....	157
Ethics, truth, right and wrong.....	159
Foucault and truth.....	163
Agents of knowledge and purveyors of truth.....	166
Will to Knowledge.....	169
Ordering the regime of truth and knowledge.....	171
Power as Order.....	174
.... In conclusion.....	176

CHAPTER 10: LIFE AT ANY COST—OVERCOMING DEATH

..... 182

Moral positivism and the ethical dilemma.....	182
Introduction.....	182
Positivism.....	184
The Colonisation of Positivisms.....	185
The Positivist Self.....	187
Care of the problematic self.....	189
The ethical polemic and the codes of behaviour.....	192
Modes of subjectification.....	193
Practice of motivations.....	193
How to behave.....	195
How to feel.....	195
The practice of the giving self.....	196

Means and possibility.....	196
Death and self	197
How to die	201
... In conclusion.....	203
CHAPTER 11: A RISKY BUSINESS	212
The Balance of Risk and Benefit.....	212
Introduction	212
When power = resistance.....	213
Circles within circles and elusive ethics	213
The growth of organs in a finite world—the limiting factor	215
The circle of destinies.....	217
The circle of transformation—the ‘risky’- self and resistance	219
Risky business, and the ethics of others.....	222
Knowledge, risk, benefit and ethics	227
Possibility and the future	231
The risk-taking body and the practice of care	232
The care to come and subjective ethics.....	233
... In conclusion.....	237
CHAPTER 12: CONCLUSION.....	249
The gift -the ambiguous tyranny.....	250
Death	253
Dying to live, by technological means.....	255
Knowledge as power and bio-political management.....	256

The economic possibility—risk and benefit.....	258
The population as subjugating self for health.....	260
Caring, nursing and technical ethics.....	262
Toward new nursing knowledge.....	269
Recommendations for further study.....	270
Epilogue	272
12. REFERENCES.....	273

Abstract

This study is a Foucaudian analysis of the public discourses that have surrounded organ donation between the years 1995 -1998, with the exception of those discourse before or after these dates that are either historically significant or are relevant to developing science in this field of knowledge. Included are the discourses of science, medicine, nursing, religion, politics, the media and the general population. The aim of the study was to examine and reveal the discourses that impact on the community and on nursing, and how these discourse can affect practices and beliefs.

The study has revealed that the colonised use of religious philosophy has ratified the altruistic notion of donating organs allowing for the procurement of organs within an accepted social morality creating a 'Samaritan' principle of giving within the population. The bio-political process, though, has created a contractual arrangement around this notion which then makes it an ambiguous tyranny as a process of achieving 'gifts' of the body.

It also uncovers the concern the population still have about death and dying; about the interruption to death as it was previously known; about brain-death, which translates for them into how to die a technical death, and the powerlessness the self or relatives feel they have in this process; about how knowledge of death and dying is now based on the truth predicate of science rather than the previously accepted philosophy that stemmed from religion.

There is also revealed the practices and mechanisms of managing the health of populations and the development of the medico-political discourse that not only considers the survival of humanity, but becomes intermingled within institutional practices and the health governmentality of populations. This ratified discourse becomes the truth in organ donation discourse, becoming a moral and social right. By this process, via the economic discourses of governments, medicine and politics become integrally inter-related with the economic viability of the body that then drives the political health agenda. This is further driven by a population who will subjugate the self to achieve health, youth and longevity. The risk taking consumerist agenda is then perpetuated through marketing strategies. World health economies have then focused on organ donation as a technological growth orientated business.

Nurses, as a constant factor in the technological care of the patient, have become obligated and duty bound by the knowledge of medico-science in the organ donation regime. Their practices have a continuous umbilical attachment to medicine as well as the moral, social and hegemonic culture in which these practices occur. This technical positioning places nurses in a situation whereby they assist in a process of transmogrifying dying into a technical problem. Death becomes a process of advanced scientific directives rather than the deeply human experience of caring and constructing a good death for a patient and their family. In nursing this has separated the care of the patient as 'person' to the care of the patient as 'body', and created an ambiguous marriage of practices. Torn between the scientific practice and a caring practice this has now resulted in the development of not only a duality of discourse, but a continuously subjugating form of replacement and subjective ethics of practice.

The study recommends that a qualitative study be commenced into the development of nursing ethics investigating the notion of relational healing as recognised ethics in nursing, within the process of advanced technological directives. It is further suggested that an associated quantitative study address the identification and the application process of such ethics, thereby developing and supporting their recognition in the technological setting.