

International Workshop NormaStim
« Patient's lived experience » - 6.12.16

Parkinson patients with Deep Brain
Stimulation (DBS) : What type of « care » are
we talking about ?

Mathilde Lancelot
Doctorante Philosophie, SPHERE,
Université Paris 7 Diderot



Introduction

- Thesis topic : « Deep Brain Stimulation : practice of changes of looks and knowledge ».
- Philosophical position : a pluralistic approach

Can we talk about « care » in neurology? Parkinson patients with DBS : What type of « care » are we talking about ?

1) Definition(s) of « care ».

2) DBS : a technical and technological care. Philosophical impact.

3) A look at the fieldwork : lack of technique and the only possibility for an improvement of the symptoms.

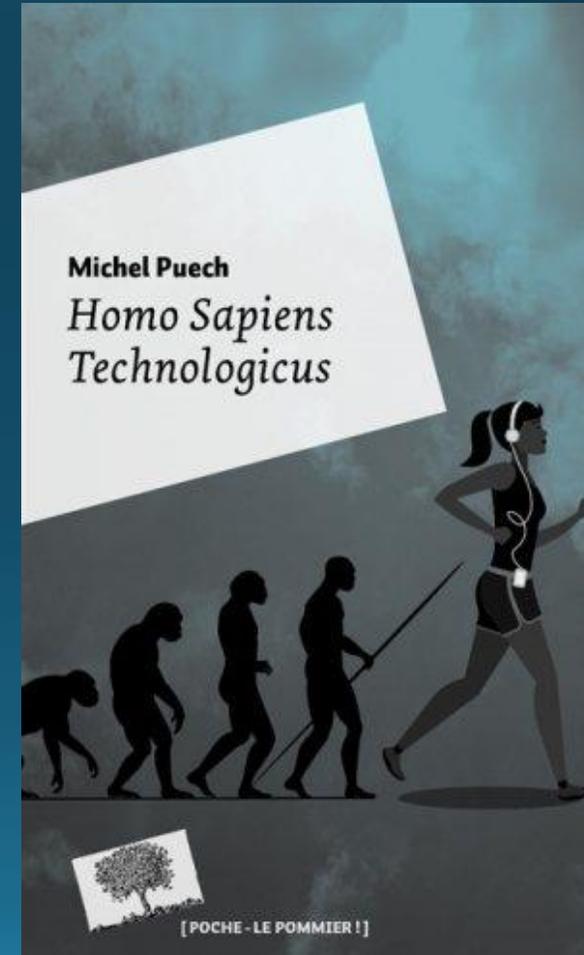
1) Definition(s) of « care ».

a) Care : « concern, preoccupation for an object, a situation, a project »

1) Definition(s) of « care ».

a) Care = a concern

b) Care = action and intervention



1) Definition(s) of « care ».

a) *Care = a concern*

b) *Care = action and intervention*

c) **« Medicine without care » ?**

2) DBS : a technical and technological care. Philosophical impact.



a) Distinction between technique and technology

[Marcel Mauss, 1948]

2) DBS : a technical and technological care. Philosophical impact.

a) Distinction between technique and technology

[Marcel Mauss, 1948]

*b) Why « technique » and « technology »
are distanced from « human » ?*



2) b) Why « technique » and « technology » are distanced from « human » ?

« From its Hippocratic roots, medical ethics has badly managed the shock following the arrival of biological technoscience and it now finds itself in a strange position: in the medical sphere, ethics seems to refer to what is human as opposed to what is technological. In the biomedical sphere, bioethics makes the human presence necessary but it does so by confronting technology with what is human or, at least, by putting technology outside what is human (...) Medicine has always been humanistic; couldn't we avoid to conceive its scientification and its technicization as a technological growth exterior to its humanistic roots? The simple thesis in philosophy of technology, according to which way men inhabit their world –originally technological - should be applied to the way men inhabit their bodies. Human and technology are never separated from one another; this is also the case in medicine ».

[Michel Puech, Homo Sapiens Technologicus, 2008]

2) b) *Why « technique » and « technology » are distanced from « human » ?*

- « *Sometimes, I feel my body, it's hitting, like this* » (Mr X.)
- « *Now, my left side: it's ok* » (Mr A.)
- « *I know it's still here. It's still underhanded, it's still here* » (Mrs M.)

2) DBS : a technical and technological care. Philosophical impact.

a) Distinction between technique and technology

(Marcel Mauss, 1948)

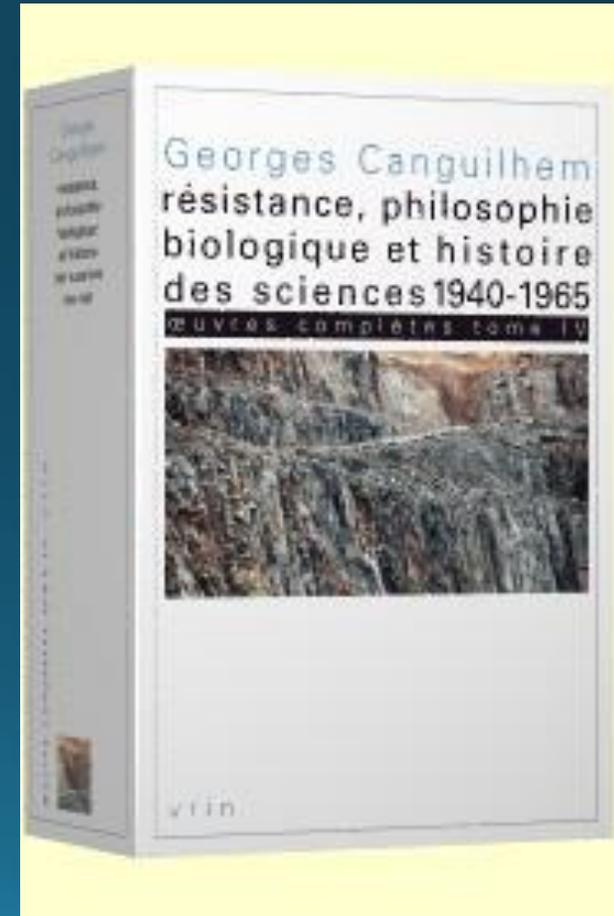
b) Why « technique » and « technology » are discarded from humanism ?

c) Relation between technique and moral

2) c) *Relation between technique and moral*

- *« Relation between technique and morale would be fundamentally less a relation of conflict than a relation of surpassement and advance, especially perceptive in the historical « panic » moments of technics inventions in some fields and « blockage » in other. (...) If the present relation between technique and moral (...) establish itself as a relation of conflict, it is not the fault of technique but because of a lack of technique »*

[Canguilhem G., *Œuvres Complètes*, Tome IV, 2015]



3) A look at the fieldwork : lack of technique and the only possibility for an improvement of the symptoms.

« As the neurosurgeon said; she asked me how much I would tel on the scale of 10. I said to her that's for me, it was around 8 in progress. We could say more. However, it is true that I've got some memory problems, and troubles of attention ». [Mr P., 25.05.16]

- *a) « That which repairs one side, damages the other side. This is what I'm realizing ». [Mr J., 31.05.16]*

3) A look at the fieldwork : lack of technique and the only possibility for an improvement of the symptoms.

- *a) « That which repairs one side, damages the other side ».*
- *b) Visible and non-visible disabilities : Sickness ambiguity*

3) b) Visible and non-visible disabilities: « Sickness » ambiguity

« Since a year or two, I think I have positive experiences with people. That's making appear the visible or non-visible disabilities question. Because : as long as it's invisible, I've realized that people were intolerant. Since my disability became more visible, I've realized that people were nice (...)

There is a social impact of what people think, seeing dyskinesias. Sometimes, I have some bad experiences because it seems alcoholism (...) I'm asking to have priority in line but because of my non-visible disability, people insult me of profiteer (...) When my disability become more visible, I perceive more comprehension from people ».

[Mr O., 02.02.16]