The Body as a Site of Conflict
in Brian Clark's Play Whose Life Is It Anyway?

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Abstract

Whose Life Is It Anyway? (1978) By the British dramatist Brian Clark, deals with the theme of patient's autonomy vs. medical authority. Euthanasia is a highly debated subject that divides people into two camps; the first supports the autonomy of the patient and the right to end suffering, and the second emphasises the value of human life. Ken Harrison, who loses his ability to move after being in a car accident, fights in two fronts with men of medicine and men of law, to gain his right to end his own life and suffering, shedding the light on some legal, medical, and ethical issues related to health-care providing.

Whose Life Is It Anyway? is a play about a young sculptor named Ken Harrison; it starts with the hospitalisation of Ken, who is critically injured in an automobile accident and left with an irreversible quadriplegia. Though his condition is stable, his paralysis is permanent and requires him to stay under a long-term care facility in order to stay alive. He is trapped inside a useless body with little enthusiasm to continue life. In this play, Brian Clark (1978) puts forward critical arguments both in favour of and against euthanasia. The title of the play, Whose Life Is It Anyway? is a question directed to the audience; it initiates the play's main argument and suggests that there are conflicting views. Those of Ken's, on one hand, and on the other, the hospital staff's represented by Dr. Emerson, Dr. Scott, Dr. Travers, Sister Anderson, Mrs. Boyle, and nurse Sadler, who believe that Ken's life is valuable and should be preserved.

Euthanasia is defined as a mercy killing, its origin in Greek is of two words: the first word is eu, meaning good, and the second one is thanatos, which means death. The word implies an intentional end of one's life based on personal decision and will. This is mainly done to end sufferings and pain that can be attributed to several medical or mental problems. Rodney Syme considers euthanasia "the most effective form of palliation of intolerable and unrelievable suffering, from the suffering individual's point of view," while Ronald Dworkin defines it simply as "deliberately killing a person out of kindness." Yet this word implies much more meaning than just that to its advocates; it carries the connotations of kindness, mercy, and
compassion, while to the opposing parties it bluntly means murder. The play offers an intriguing plot by raising moral questions over human free will, respect for the autonomy of others, the authority of the law, the use of social resources, and the intrinsic value of human life. Ken understands his situation and decides not to keep living like that for the rest of his life; he prefers death to disability. He demands discharge from the hospital, only to be refused by the doctors. Furthermore, a psychiatrist confirms the mental competence of Ken, but the hospital again refuses to discharge him. Ken decides to sue the hospital and wins his appeal and based on this, is spared any other hospital treatments. He is left to die alone based on the grounds of euthanasia and human autonomy, and in so doing, highlighting the significance of the play, which lies in the tiff between human value and respect for the autonomy. The focus is on physical illness, in the form of quadriplegia and human desire to live life on one's terms by deciding to end suffering.

Ken loses interest in his life, because of his paralysis. His mental state is sound enough to take logical and rational decisions. However, the concept of preferred death is not very appreciated and justified in different societies across the world. Furthermore, sufferings of Ken are realised and felt by him only, while for others it is only a medical case. This also creates a conflict between the ideas supporting and not supporting the concept of euthanasia. The medical fraternity believes in curing diseases and looking for appropriate solutions rather than accepting the defeat by the medical conditions of patients and taking decisions as per their will and demand. On the other hand, the concept of autonomy and respect for other's life in terms of decision making is also vital but only to be challenged by the social and intrinsic value of human life itself. Thus, the play evokes wide arrays of emotions being challenged and conflicted by people not supporting euthanasia.

Also known as Tetraplegia, Ken suffers from Quadriplegia, which Carl Y. Saab defines as an: "impairment or loss of motor and/or sensory function in the cervical segments of the spinal cord due to damage of spinal neuronal segments. Tetraplegia results in impairment of function in the arms as well as in the trunk, legs, and pelvic organs." Paralysis caused by accidents or injuries to humans, weakens the muscles resulting in total or partial loss of sensation and control over all the limbs or torso.

In *Whose life it is Anyway?*, the situation of Ken is based on fighting for his individual moral rights, and with the law for not allowing him to take life decisions. The doctors clearly state that his condition will not improve, making him realise his new role as an individual in the society. Dr. Jack Kevorkian supports personal autonomy and the right to decide; he argues that: "if you don't have
liberty and self-determination, you've got nothing…. And this is the ultimate self-determination, when you determine how and when you're going to die when you're suffering.”

John Stuart Mill characterises individual autonomy as a political and social condition more than as an ethical one. He considers personal freedom a key to human advancement and joy, and along these lines, useful for society all in all. Mill considers individual liberty and freedom an important aspect of human development and growth and assumes it to be good for the society.

Raanan Gillon and Josh Childress focus critically on potential constraints of mental incompetence and ignorance. They state that autonomy is self-driven and not imposed, based on self-determination, and the requirement to respect autonomy is based on the available set of information, mental capacity of individuals, and overall intent. Gillon specifies that it is the moral responsibility of doctors to offer as much information as they can to patients in order to make them able to take an informed decision. He defines autonomy as intentional self-determination or self-rule and affirms that the need to recognise autonomy could be overridden when the intent, accessible data, or the mental ability to get and absorb that data and make a decision is noticeably lessened.

Harry Lesser believes that physicians are morally accountable for providing information to their patients in a manner appropriate to their education or mental competence.

Josh Childress also supports the views of Gillon by saying that mental incompetence and lack of information confine the recognition of personal autonomy. He talks about the levels of autonomy and the trouble in deciding when a man is considered competent.

Philosophers under discussion examine the interrelation and intersection of law, philosophy, and medicine highlighted in Clark's Play. Gillon cites the British Mental Health Act (under which Ken's doctors may continue his treatment and hospitalisation) which states that an individual's decision may be irrational or overridden if he is mentally ill or challenged. On the other hand, a number of philosophers have also criticized the plot of the play based on the autonomous freedom, thereby ignoring the interest of the state and social and intrinsic value of individuals. Overall, it can be said that a number of philosophers agree with Clark's ideas to an extent, but many others raise the issue of rationality and interest of the State, before taking action over euthanasia. This means that the court and law should balance the interest of the State and individuals rather than favouring absolute autonomy.

In the light of his interpretation of autonomy, Immanuel Kant refers to suicide as an expression of personal desire for greater autonomy or control over one's own death. He recognises that ending one's life requires courage and strength and
considers ending one's own life more acceptable morally than living dishonourably.\textsuperscript{16} Kant further explains that a man is morally allowed to permit others to take his or her life away - regardless of the fact that effectively taking her or his own life is ethically questionable - in situations where ailment would cause the loss of rationality and diminish self-respect.\textsuperscript{17} However, somewhere else, Kant maintains that there is an intrinsic value to preserving life; this value is so great that it forbids deliberately annihilating oneself. To distinguish between man's "animalistic life" and his "moral life", Kant affirms that "No matter what torments I have to suffer, I can live morally."\textsuperscript{18} Kant's contrasted views suggests that he is concerned with ending one's life more in the light of the reason behind committing suicide than as a means of expressing personal autonomy. Kant perceives an ethical law as opposed to the law of the State.

The doctor in the play, Dr. Emerson, is adamant enough to deny the autonomy right to Ken. Recognition of personal autonomy might likewise be challenged by recognising the autonomy of others. Here Ken's decision goes against the doctor's autonomy on the grounds of offering benefits to the patients rather than harming them in any sense. Unlike Dr. Emerson, Dr. Jack Kevorkian affirms that \textit{the patient's autonomy should be respected always, even if it is absolutely contrary to best medical advice and what the physician wants. The patient decides when it is best to go.}\textsuperscript{19} In fact, Dr. Kevorkian devoted his professional life to change the laws of assisted death, as he states: "my ultimate aim is to make euthanasia a positive experience. I'm trying to knock the medical profession into accepting its responsibilities, and those responsibilities include assisting their patients with death."\textsuperscript{20} "My aim," he said years later "was not to cause death, that's crazy, my aim was to end suffering."\textsuperscript{21}

Dr. Emerson affirms that "it is impossible to injure the body to the extent that Mr. Harrison had and not affect the mind."\textsuperscript{22} His experience makes him think that Ken is merely depressed and that if given more time will change his mind eventually and choose to live.

The British House of Lords (1994) in the report of the Select Committee on Medical Ethics, defines euthanasia as "a deliberate intervention undertaken with the express intention of ending a life to relieve intractable suffering."\textsuperscript{23} Despite the efforts exerted to change government policy, no progress has been achieved to change the law regarding euthanasia in the twentieth century. Active voluntary euthanasia is still illegal in the United Kingdom and in most other countries. However in Belgium, Netherlands, Switzerland, Luxembourg and some States in the United States of America, voluntary euthanasia became legal.\textsuperscript{24} In June, 1990, a poll, conducted by \textit{A New York Times/CBS News}, showed that the nation was divided
on the issue, the majority of 53% believed that a doctor should be allowed to help a seriously ill person to die if that person wants to end her or his life, while 42% disagreed, the rest were not sure.\(^{25}\) On October 27, 1997, Oregon's Death with Dignity Act, passed in 1994, became effective.\(^{26}\) In 2010 British Social Attitudes carried out a survey, which revealed that 82% of the general public believed that a doctor should probably or definitely be allowed to end the life of patients, who are suffering from painful incurable diseases at their request. Further surveys showed that the majority of 80% of the United Kingdom population called for a change in the law of assisted-suicide, and the British Dignity in Dying Organization, with over 100,000 supporters, advocated legislation modelled on Death with Dignity Act of Oregon.\(^{27}\) Ken's survival from the car accident, however, is hardly a survival for him.

Ken: It is a question of dignity. Look at me here. I can do nothing, not even the basic primitive functions. I cannot even urinate, I have a permanent catheter attached to me. Every few days my bowls are washed out. Every two hours two nurses have to turn me over or I would rot away from bedsores. Only my brain functions unimpaired but even that is futile because I can't act on any conclusions it comes to...

Will you please listen?\(^{28}\)

Ken demands to be discharged from the hospital; he knows that without medical care he would die very soon. But, he considers himself dead already: "I cannot accept this condition constitutes life in any real sense at all."\(^{29}\) Dr. Jack Kevorkian sees through Ken's situation and declares "I would not want to live with a tube in my neck and not be able to move a finger. I wouldn't - that to me is not life."\(^{30}\)

Ken's decision to end his life is not rash or unreasonable; six months passed after the accident, and he has become fully aware of the reality of his situation after being given all the facts; he has more than enough time to think it through. He experiences six months of complete dependency on medical equipment and other people to take care of him and feels he can no longer tolerate that. Oxford Advanced Learner's Dictionary of Current English defines "life" as "human relations; the business, pleasures, social activities of the world."\(^{31}\) Ken does not have any of these. Ken is not asking to commit suicide; rather he requests the permission to let go.

The audience sees how Ken's bed is changed, body rubbed (to prevent pressure sores) and being shaved and fed in his hospital room, to show them the child-like nature of what he has become. Ken used to be an artist and a teacher in an art school; as an artist, he has moved from a situation where his creations are exposed to be looked at into a
situation where he himself is exposed to others. Ken turns from being a sculptor to be more like one of his sculpted pieces. He used to have a creative career with fertile imagination and eloquence, but now he cannot move, he is able to dream about his art but cannot turn his dreams to reality. He still has a man's mind, thinks about things but cannot act on them; he flirts with Dr. Scott and the nurses and makes sexual jokes all the time only because he is unable to do anything about it. Ken notices, "how relaxed a woman can become when she is not in the presence of a man." Paralysis has deprived Ken of his masculinity and he is thereby deprived of what he defines as his humanity. Ken drives away everyone immediately related to him, his parents and fiancée, to make his decision much easier for them and for himself. Actually, his mother is so supportive of his decision, when he informs her of his decision, she says: "Aye lad, it's thy life... don't worry about your dad- I'll get him over it...Do you think life's so precious to me, I'm frightened of dying?" Ken compares himself to an infertile plant. When John, the orderly, comes to shave him, Ken remarks wittily:

Ken: Come to trim the lawn?
John: That's right.
Ken: Good ... must make sure that all the beds and borders are neat and tidy...Well, my gardening friend, isn't it about time you got some fertiliser to sprinkle on me and get some movement going in this plant?
John: Ah, now there you have me. You see I'm only a labourer in this here vineyard. Fertilisers and pruning and bedding out is up to the head gardener.
Ken: Still, you must be in charge of the compost heap. That's where I should be.

By using the gardening metaphor, Clark illustrates Ken's physical dependence on people around him for even the most basic tasks, and to reflect Ken's view of his physical limitations and his general outlook on the hospital as a whole. He has been deprived of physical, emotional, intellectual, and artistic satisfactions he has previously enjoyed. Ken tells John that he belongs to the "compost heap" because he knows that his situation will not change.

Ken likens himself to different inanimate objects, such as a "skateboard", a "compost heap", "scrap", "an ocarina", a "vegetable", Dr Frankenstein's "monster", and part of the "décor". He feels that he has lost his humanity, and become just like any of these inanimate objects. He is angry with himself, with what he has become. He seems to be angry all the time, whether expressing his anger explicitly or disguising it with bitter, ironical implications. Dr. Emerson fails to comfort or assure him. He informs him that he will be a quadriplegic
for life and, after stabilizing his condition, he will be transferred to another hospital for continuing rehabilitation. Ken's end of life plea is meant to reveal the truth about modern medicalisation, showing that it has become impersonal, where the individual ceases to be the main concern of medicine; instead s/he becomes just an object of corporeal subjection. Besides physical suffering, there are other factors that affect his decision making. Dr. Emerson speaks of the necessity of moving Ken "in a month at most [because] these beds are very precious." Here, he is referring to the imbalance between the beds available and the number of beds hospitals can afford.

So it turns out that both the patient and doctors are suffering in their own respective ways. Both are paralysed in a certain way. The following conversation explains this:

Ken: You both watched me disturbed, worried even perhaps, and you can't do anything for me- nothing that really matters. I'm paralysed and you're impotent. This disturbs you because you're a sympathetic person and as someone dedicated to an active sympathy doing something- anything even- you find it hard to accept you're impotent. The only thing you can do is to stop me thinking about it- that is- stop me disturbing you. So I get the tablet and you get the tranquillity.

Dr Scott: That's a tough diagnosis.

Ken: Is it far from the truth?

Dr Scott: There may be an element of truth in it, but it's not the whole story.

After this rather "tough" diagnosis, Dr. Emerson complains of the problems caused by the anti-drug propaganda and campaigns. Ken refuses to take any sort of tranquillisers and prefers to stay conscious. As a result of Ken's decision, a debate ensues between Dr. Emerson and Dr. Scott. How is it to decide the "qualified" doctors or the "unqualified" patients. The following conversation explains this.

Dr Emerson: But in spite of two qualified opinions, you accept the decision of someone completely unqualified to take it.

Dr Scott: He may be unqualified, but he is the one affected.

Dr Emerson: Ours was an objective, his a subjective decision.

Dr Scott: But isn't this a case where a subjective decision may be valid? After all, you're both working on the same subject- his body. Only he knows more about how he feels.

Dr Emerson: But he doesn't know about the drugs and their effects.
Dr Scott: He can feel their effects.
Dr Emerson: Makes no difference. His knowledge isn't based on experience of a hundred such cases. He can't know enough to challenge our clinical decisions.  

Dr. Emerson considers Ken's case and his resistance a challenge to his authority and experience, and he is willing to do anything to make Ken accept his new situation and cope with it. The extent to which Ken is forced to submit to the power of the doctors who "know best" is illustrated in the scene where Dr Emerson injects him with a sedative against his will. What happens in this scene emphasises and constructs Ken's powerlessness over what others do to his body and his lack of control over it. When Ken "specifically refused [Dr. Emerson] permission to stick that needle in me and you didn't listen. You took no notice," the latter answers "You must rely on us, old chap. Of course you're depressed. I'll send someone along to have a chat with you. Now I must go and get on with my rounds."  

Dr. Emerson in his stand probably follows the Hippocratic Oath closely, especially in the part that says: "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect." Ken seems to be powerless and not allowed to take any decision that is related to his life or his treatment; his opinion does not matter. Dr Emerson believes that his own opinion is the only one that really matters since it is based on experience. Ken refers to the doctors' morals as "might is right" and he states that the doctors think that "They're [their morals] better because ... [they]'re more powerful." He believes the battle of morality is in favour of the more powerful.  

Ken avers that tranquilising him is important for the doctor, not for him. He protests that sedative injection dulls his conscience and makes the only part of his body that can function properly useless. It is easy for the doctors, but not for him. He is forced to take drugs even though he does not want to. The doctors give him drugs to calm him down, and make him feel better (or less rebellious). Valium depresses Ken, because it takes away the only option available to him, his clear mind. He can feel the drugs, but the doctors cannot. He feels that he is turned into an object for experimentation and scientific virtuosity. For the medical staff, a successful experiment would mark a great achievement that gives them a sense of pride, and makes them feel more powerful and superior to their patients. Physicians keep some information to themselves, because they think that patients cannot grasp or understand the meaning of such complicated medical terms. Dan W. Brock refers to the supremacy of modern medicalisation saying that: "the dramatic new powers over life and death that are the
great successes of modern medicine have generated widespread concern about how these powers are employed." Physicians' main argument is that they use their experience and knowledge to see that there is a hope for Ken's adjustment to his new reality. They want to win the battle against Ken's decision, because they want to prove that they have become doctors in the first place to help and cure people and to save lives; not being able to achieve their goals affects them as well. The professional counselling is given to Ken by Mrs Boyle, the medical social worker, whose manner, as Ken confirms, is patronising. In his conversation with her, Ken expresses what he thinks of his current situation:

Mrs Boyle: I've come to see if I can help.
Ken: Good. You can.
Mrs Boyle: How?
Ken: Go and convince Dr Frankenstein that he has successfully made his monster and he can now let it go.
Mrs Boyle: Dr Emerson is a first-rate physician. My goodness, they have improved this room.
Ken: Have they?
Mrs Boyle: It used to be really dismal. All dark green and cream. It's surprising what pastel colours will do, isn't it. Really cheerful.
Ken: Yes; perhaps they should try painting me. I'd hate to be the thing that ruins the decor.

By comparing Dr. Emerson to Frankenstein, and himself to a monster, Ken illustrates how he truly feels. For Whose Life Is It Anyway? society in general, (and medical authority in particular) has become monstrous because it creates monstrous beings.

Ken is resolutely against trying out the occupational therapy that Mrs. Boyle recommends for him; he even makes fun of the reading machine she suggests as part of his therapy. Ironically, Ken asks for a book Mrs. Boyle cannot bring. In a clear reference to his current torturing situation and his former healthy life, he names this book "How to be a sculptor with no Hands." Ken also alludes to the "appalling" aspects of professionalism which is, in his viewpoint, "nothing more than a series of verbal tricks to prevent you relating to your patients as human beings" Mrs. Boyle retorts: "You must understand; we have to remain relatively detached in order to help."

Ken is frustrated with the fact that almost everybody around him is treating him professionally. People fail to respond to his needs, the way they should, humanely, but they tend to act professionally all the time. Ken is infuriated by Mrs Boyle's insistence to turn her professional cheek to him and her refusal or inability to see him as a
human being than a mere patient. He points out the irony in the professional detachment, which she regards as the best way to help him. Actually, it is this detachment that makes him feel like less of a human being and strengthens his determination to seek his own death.

Promising him a reading machine therapy is part of the medical delusional idea of independent living. The counsellor's insistence that they can help Ken to master the basic functions, what he calls "the three r's", further highlights the child-like nature of his impaired body, Ken says that: "Mrs Boyle, even educationalists have realised that the three r's do not make a full life." Thus the quadriplegic body becomes the product of a patronising, de-personalising society that describes impairment as inhuman, dependent, and child-like.

Mrs. Boyle states that they should be detached from patients to be able to help them. Dr. Johnathan Cole notes that in medical school he has been taught in a mechanistic, though undoubtedly therapeutic, way in which he is expected to "approach patients clinically, and though with respect also with a distance which reduced simple human contact. We were not expected to be interested in what it was like to be ill, but rather to elicit the correct signs and symptoms in order to diagnose." Sister confirms to Mr. Hill that she has "a stainless steel heart, [and] it's easy to keep it sterilised of emotion." Ken and Mrs. Boyle's conversation stresses a key issue in the play. What frustrates Ken is the fact that people in authority make him feel powerless, as they deny him the right to have a say in the one thing he is supposed to have control over – his own life. He tries all the time to stress his resolution, vis-a-vis their conviction that he "will get over that feeling" over time.

Based on previous experiences, this strong conviction results in a debate over whose "morals" are better: the doctors' or the patient's. Ken asks Dr. Scott: "And why are yours better than mine? They're better because you're more powerful. I am in your power. To hell with a morality that is based on the proposition that might is right."

Realising the difficulties involved in convincing the medical staff of the validity of his decision, Ken decides to elicit the help of the men of law. Mr. Hill, the lawyer, is to speak on behalf of Ken and to defend his decision. He informs Dr. Emerson of Ken's wish to be discharged from the hospital and asks him to make the necessary arrangements. Dr. Emerson's refusal is based first on his conviction that Ken is incapable of taking a sound decision due to his depression and psychological disturbance, and second because it is his duty as a doctor to preserve life. Later on, the events take a turning point in order to prevent Ken's discharge and ensuing death; Dr. Emerson takes drastic measures to have Ken committed to the hospital on the grounds of mental instability. The argument in the play against
medicalisation is intentionally revealed when Dr Emerson calls into his office the psychiatrist, Dr. Travers, and explains to him that he wants Ken committed. He bases this on Ken's will to have the right to die, just after the doctors have done everything to get "him physically stabilised." Dr. Travers agrees to carry out committal proceedings and suggests another psychiatrist, a staunch Catholic, who would support their stand, and that further reinforces the domination and power of the medical staff over the patient as excessive medicalisation. Dr. Emerson's attempts to act on behalf of Ken and dictate his life make him look like a "judge". He disagrees with Dr. Scott who explains that Ken's "wish to die is not necessarily a symptom of insanity? A man might want to die for perfectly sane reasons." He, in fact, presents a counter, and probably equally convincing argument, saying:

Dr Emerson: No, Clare, a doctor cannot accept the choice for death; he's committed to life. When a patient is brought into my unit, he's in a bad way. I don't stand about thinking whether or not it's worth saving his life, I haven't the time for doubts. I get in there, do whatever I can to save life. I'm a doctor, not a Judge.

Dr Scott: I hope you will forgive me sir, for saying this, but I think that is just how you are behaving – as a Judge.

The play draws a picture of the medical technology and its imposed regulations on the individual body. Ken's body is not only regulated by it but is at its mercy. The play uses medical technology to criticise the way technology and modern life, in general, have deprived the individual from her/his right to choose.

Ken's death, as a matter of fact, is shown as a technological alternative. The emphasis on the impaired body supports the criticism of medical technology by stressing that technology treats man as a machine at the mercy of other machines.

De-humanising Ken is illustrated by making him articulate his inhumaness himself in an effectively human way that makes John Sweeney describe him as having a shining personality. Ken shows his humanity through his rationality and intelligence. His sub-humanity is therefore made apparent in his paralysed body, which makes him impotent and dependent.

Ken is aware of his "Catch 22" situation – he is intellectually a recognized human, while at the same time he is, bodily seen as the "Other" - after Dr. Travers tells him that in regard to his plea for death his "obvious intelligence weakens [his] case." The play avoids the "Catch 22" situation by having the negative weakness of the body as more severe than the positive strength of his intelligence. Ken is
impaired, quadriplegic with body failure to emphasize that the negativity of his body is greater than the positivity of his intellectuality. The failure of Ken's body is thus shown as dominant over the success or power of his intellect.

The successive conversations between Ken and various members of the medical staff highlight some of the issues the play means to address. Ken is fighting to gain control of his own body, re-owning his body after it has been confiscated by medicine, so that he can make a decision to die. By doing that, Ken is intent on criticising modern medicalisation. His actions are simply a protest against the dehumanisation of the patient by superior medical authorities that exclude him from the decision-making process that immediately concerns him. Here, the emphasis lies on Ken's will to affirm that it is his own decision, but the reason for his desire to control is to end his own life as an evidence of him having control over his body. This is how Ken is trying to convey the message that if he cannot have control over his body, nobody else can.

Dr. Scott supports Ken's decision; she expresses her opinion while talking to Mr Hill. Both Dr. Scott and Mr. Hill use different perspectives in looking at Ken's issue. While the former believes they are dealing with "euthanasia", Hill believes it is "suicide", when he suggests that if Ken is miraculously "granted the use of his arm for just one minute," he might use them to grab a bottle of sleeping tablets and swallowed the lot."55 Meanwhile, Dr. Scott defends the doctor's duty to protect patient's life. Thus in referring to the doctor's autonomy in carrying out his professional obligations, the play conveys the difference between killing and letting a man pass on.

In the light of the changes that Ken experiences after he engages himself in the legal battle against the medical authorities, his decision to have control over his life gains in more importance. As he tells Dr. Scott, "For the first time in six months I feel like a human being again."56 The whole point of Ken's legal fight, according to Dr. Scott, is to prove that he is, once again, a "human being". He is actually not fighting for "death", but for "life."57

Just to fight for his right to die makes him feel human; ironically, he goes on with his battle for freedom and discusses with his lawyers the way he can achieve his goal.

Kershaw: Let's look at the possibilities. You are now being held under the Mental Health Act Section 26, which means they can keep you here and give you any treatment they believe you need. Under the law we can appeal to a tribunal. Ken: How long will that take? Kershaw: . . . Up to a year.
Ken: A year! Oh God, can't it be quicker than that?... I couldn't stay like this for another year, I couldn't.
Hill: We could always try habeas corpus.
Kershaw: That would depend if we could find someone.
Ken: Habeas corpus? What's that? I thought it was something to do with criminals.
Kershaw: Well, it usually is, Mr Harrison. Briefly, it's against the law to deprive anyone of their liberty without proper cause. If anyone is so deprived, they or a friend can apply for a writ of habeas corpus, which is the Latin for 'you may have the body'.
Ken: Particularly apt in my case.58

Before the hearing starts, Dr Emerson visits Ken and tells him "best of luck Mr Harrison, so that we'll be able to carry on treating you."59

From a different perspective, Clark's play illustrates the struggle between the law and the ethical requirements of recognising personal autonomy. The following conversation explains the conflicting opinions and interests of the parties involved in this medical case.

Hill: We are just as confident that the law is not such an ass that it will allow anyone arbitrary power.
Dr Emerson: My power isn't arbitrary; I've earned it with knowledge and skill and it's also subject to the laws of nature.
Hill: And to the laws of the state.
Dr Emerson: If the state is so foolish as to believe it is competent to judge a purely professional issue.
Hill: It's always doing that. Half the civil cases in the calendar arise because someone is challenging a professional's opinion.
Dr Emerson: I don't know about other professions but I do know this one, medicine, is being seriously threatened because of the intervention of law. Patients are becoming so litigious that doctors will soon be afraid to offer any opinion or take any action at all.
Hill: Then they will be sued for negligence.60

In Euthanasia, Ethics and Public Policy: An Argument Against Legalisation, John Keown studies the controversial issue of euthanasia and he includes his informed and powerful argument against the legitimization of it by a detailed exposition of its pitfalls, and introduces the general question of whether the law ought to allow voluntary euthanasia or doctor-assisted suicide, describing it as a notoriously troublesome inquiry. He examines how apt is the "slippery
slope" protest. ("The slippery slope' is a term commonly used to refer to the danger of voluntary euthanasia for terminally ill patients, leading to non-voluntary euthanasia and/or extending to patients, who are not terminally ill"). By the end of the day, is it sensible to question it, in the light of the fact that patients who did not make a free and educated appeal, or for whom palliative care would have offered an option, would be killed.

Philippa Foot is reserved when it comes to euthanasia. In an article with the title "Euthanasia" published in Philosophy and Public Affairs, she affirms that there are many objections to active euthanasia, even voluntary active euthanasia. One of them is the difficulty of devising a methodology that might protect people from giving their consent unwillingly. Another objection is the possibility that active voluntary euthanasia might lead to drastic changes in the social scene, such a possibility should make society very careful in deciding to support large measures of euthanasia even in cases where ethical concerns related to the individual act does not rule it out.

The hearing of Ken's plea takes place in the hospital to emphasise further Ken's dependence on medical assistance. In this play, the tension between the principle of recognition of personal autonomy and the intrinsic value of life is thoroughly examined. The play works through an extreme expression of autonomy, the right to end one's life. In his conversation with the judge, Ken insists that the consultant physician's opinion that he is incapable of making a rational decision is wrong. He also points out that his suffering from acute depression is not surprising, since he is almost totally paralysed. Ken finds himself in-between state. He is neither dead nor alive in the true sense of the word. He is "dead already" and he wants his doctors to recognize the fact. But the argument acquires deeper connotations as both engage in discussing the legal aspects of Ken's plea. The following verbal exchange explains this:

Judge: Certainly, you are alive legally.
Ken: I think I could challenge even that.
Judge: How?
Ken: Any reasonable definition of life must include the idea of being self-supporting. I seem to remember something in the papers- when all the heart transplant controversy was on- about it being alright to take someone's heart if they require constant attention from respirators and so on to keep them alive.
Judge: There also has to be absolutely no brain activity at all. Yours is certainly working.
The problem for Ken does not reside in saving people's lives or allowing them to die, rather "It resides in the fact that the choice is removed from the man concerned." Ken staunchly holds the view that depriving a person from this choice means usurping her/his "dignity," since s/he cannot perform even the basic primitive functions, Ken "Find[s] the hospital's persistent effort to maintain this shadow of life an indignity and it's inhumane." Dignity is of crucial importance in human's life, without it s/he is dead metaphorically. In relation to this, Ken says: "I must restate that dignity starts with choice. Without it, it is degrading because technology has taken over from the human will. My Lord, if I cannot be a man, I do not wish to be a medical achievement. I'm fine … I am fine."

The judge reaches a decision built on his belief that Ken has the mental competence that qualifies him to make a sound judgement. He announces: " I am satisfied that Mr Harrison is a brave and cool man who is in complete control of his faculties and I shall therefore make an order for him to be set free."

Dr Emerson also keeps fighting for what he believes, so he invites Ken to stay in the hospital after the hearing hoping that he might change his mind.

Dr Emerson: Where will you go?
Ken: I'll get a room somewhere.
Dr Emerson: There's no need ...We'll stop treatment, remove the drips. Stop feeding you if you like. You'll be unconscious in three days, dead in six at most.
Ken: There'll be no last minute resuscitation?
Dr Emerson: Only with your express permission.
Ken: That's very kind; why are you doing it?
Dr Emerson: Simple! You might change your mind.
Ken smiles and shakes his head.
Ken: Thanks. I won't change my mind, but I'd like to stay.

The lights are held for a long moment and then snap out.
The End.

At the end, once his sentence had been read and Dr Scott turns to leave, the lights are held for some time and then quite abruptly, snapped out. Turning the lights off toward the end of the play indicates Ken's choice to follow euthanasia; if the lights would have been left on then he might have chosen to live.

What constitutes a human being is the main concern in Whose Life Is It Anyway? A human being is an individual who can combine intellectual ability with bodily control. One without the other; in Ken's case the mind without the body, is portrayed as a not worthy life.
David Armstrong, drawing from Michel Foucault, compares the modern hospital in England to "a medical Panopticon writ large."\(^6\) It is seen as "a whole community traversed throughout by hierarchy, surveillance, observation, writing."\(^7\) Dr. Emerson's hospital is a perfect example of such a hospital. The tragedy of the play is that it makes use of disability a perspective through which it examines professional medical misuse of authority; the play, by doing this, demeans the successes of overrated medical advances. Physicians, and society in general, are, thus, unable to separate the technological advantages of medicine from its potential tendency to dehumanize patients. The play's perspective of normalisation is shown through a rationale for preserving a life just in case this life possesses a certain degree of both bodily and intellectual control over itself. It shows that control of the body means social control and the control of nature.

An ill body, and consequently "Other" bodies, are seen in *Whose Life Is It Anyway?* symbolically as the cause of social ills (physical ills, or issues like excessive tax burdens, and health care costs). Ken's body becomes the focus of the excesses of medicalisation and its alienating consequences. It also represents a symbol of the sick society in its pursuit of such medicalisation at all costs.

The British anthropologist Mary Douglas regards: "the body [as] a symbol of society,"\(^7\) and that: one "cannot possibly interpret rituals concerning excreta, breast milk, saliva and the rest unless [one is] prepared to see in the body a symbol of society, and to see powers and dangers credited to social structures reproduced in small on the human body."\(^7\) It is no longer a normal one; as a symbol, its value is seen metaphorically. Ken's body is seen, in the light of Douglas' views, as a body/society paralysed by rationality and intellect, a society which has a functioning head but lacks a functioning body. As a matter of fact, if Ken wants to survive this composite of a life, he needs advanced technology and bureaucratic authorities to keep him alive, but it is death that Ken is looking for. So looking through Douglas' eyes, one can see that Ken would find it impossible to enjoy death or dignity as an integral part of living.

Turner and Noh comment that Douglas considers the body a metaphor of society as a whole; therefore, any disease in the body reflects symbolically a disorder in society. From this, one deducts that stability of the body reflects social organisation and social relationships.\(^7\) Ken acts both as an individual impaired life, and as a metaphor for society. The play uses his body as a means to create anxiety about his own body and that of society.

Robert Francis Murphy, a cultural and field anthropologist at Columbia University, became quadriplegic for the last sixteen years of
his life, a condition which made him feel, as he states, emotionally detached from his body; he sees that

a quadriplegic's body can no longer speak a 'silent language' in the expression of emotions or concepts too elusive for ordinary speech - for delicate feedback loops between thought and movement have been broken. Proximity, gesture and body set have been muted, the body's ability to articulate thought has been stilted... the thinking activity can no longer be dissolved into motion, and the mind can no longer be lost in an internal dialogue with physical movement. My thoughts and sense of being alive have been driven back into my brain... many say they are no longer attached to their bodies... my former sense of embodiment remained taken for granted... my sense of reembodiment is problematic negative and conscious... consuming consciousness of handicap even invades one's dreams. Even in sleep disability keeps its tyrannical hold... The totality of the impact of serious physical impairment on conscious thought... gives disability a far stronger purchase on one's sense of who and what he is than do any social role... which can be manipulated. Each social role can be adjusted to the audience, each role played before a separate audience, allowing us to lead multiple lives. One cannot however shelve a disability or hide it... It is not a role: it is an identity... society will not let him forget it.74

Murphy affirms that the body, when muted, can interrupt social relationships and consequently when society thinks that muted bodies are unable to build interactive social relations, that would make it increasingly difficult to acknowledge bodily difference. The play advocates the notion that a muted body is the equivalent of a dead body and that is illustrated by having others "speak" Ken's body language for him, like when Ken asks the nurse to get his lawyer's card out of his bedside cabinet and telephone him. Having others carry out bodily reactions and simple tasks either for, or in contrast to, Ken in different situations emphasises the uselessness of his body and equates it with the dead body. The uselessness of Ken's body is further empathized when contrasted with bodies of everyone around him; they are all seen as mobile or physical. While people have an external life, Ken is able to have neither a private nor a satisfactory hounrable public life.

Movement (of others) is employed in the play as a means to disable and objectify Ken as a body and as an individual. It focuses on the legitimacy of Ken's request to end his life, thus to reach the ultimate of not-moving, death. "When going to people... with
impairment, … they talk of self esteem and of stigma, of confidence and often of the practical aspects of daily living made problematic by their condition."\(^7^5\) Bryan S. Turner states that an old and sick body in the twentieth century "is increasingly experienced, discussed and represented as a limit and as a brake on growth … [a] burden of dependency … [and] a form of hyper-Malthusianism."\(^7^6\)

Dr Emerson is the opposite of Dr. Jack Kevorkian, one of the first physicians who brought the right to die into public spotlight and turned it into a subject of public debate; he was active in practising mercy-killing during the 1990s and gained a reputation as "Dr. Death" for assisting more than 130 patients to end their lives. He affirms that there is a need for euthanasia, for certain cases where people are in comas or too immobile even to press a button. In denying Ken's right, Dr Emerson does not follow Kevorkian's example, who believes that it is the duty of the medical doctor to evaluate the situation with as much data as can be gathered and as much expertise and experience available to determine whether or not the wish of the patient to end his life is medically justified.\(^7^7\)

The play, through the dilemma of Ken Harrison, tries to prove that it is not a matter of life and death, but it is an issue of happiness and lack of happiness, or more importantly, the right of choice. Clark persuades his audience that Ken's decision to die is justifiable by using Ken's charismatic personality, his intelligence, and eloquence, the conflicting views of his doctors and their cold detached "professionalism". Anyway, who is to say life is better than death?

Notes

1 McDougall and Gorman, 148.
2 Syme, 33.
3 qtd. in McConnell, 88.
4 Guyer, 384.
5 Saab, 62.
6 Ibid.
7 qtd. in Feuer, 48.
8 Monahan, 1428.
9 Gillon, 325.
10 Ibid.
11 Brazier and Lobjoit, 152.
12 Ibid, 14.
13 Gillon, 329.
14 Childress, 15.
15 Ibid.
16 Donnelly, 54.
17 Sullivan, 355.
18 Benatar, 306.
19 Ball, 79.
qd. in Ball, 71.
Ibid, 71-72.
Clark, 68.
qd. in Twycross, 13.
Orfali, 89.
Urofsky, 924.
McDougall and Gorman, 118.
Orfali, 88.
Clark, 73.
Ibid, 72.
qd. in Ball, 85.
Hornby, 489.
Clark, 33-34.
Ibid, 50.
Ibid, 5.
Ibid, 12.
Ibid, 14.
Ibid, 22-23.
Foley and Hendin, 37.
Clark, 35.
Brock, 1.
Clark, 26.
Ibid, 27.
Cole, 20.
Clark, 60.
Ibid, 35.
Ibid.
Ibid, 40.
Ibid, 43.
Ibid, 45.
Ibid, 46.
Sweeney, 24.
Clark, 48.
Ibid, 51.
Ibid, 54.
Ibid, 54-55.
Ibid, 59.
Ibid, 65.
Keown, 80.
Foot, 102.
Ibid, 71.
Ibid.
Ibid, 72.
Ibid, 74.
Ibid, 75.
Ibid, 76.
qd. in Abbott and Meerabeau, 75.
Ibid.

Ibid.

Turner and Noh, 36.

Murphy, 101.

Cole, 31.

Turner, 11.

Nicol and Wylie, 2.

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الملخص

مسرحية آية حال، حياة من هي? للكاتب البريطاني براين كلارك تتناول موضوع الحرية الشخصية للمريض في تقرير منبره مقابل السلطة الطبية. إن القتل الرحيم أصبح موضوعاً يثير جدلاً واسعاً ويدعو إلى إقامة الأرامل إلى قسمين؛ الأول يدعم الحكم الذاتي للمريض والحق في إنهاء المعاناة، والثاني يؤكد على قيمة الحياة البشرية. كين هاريسون، الذي يفقد قدرته على التحرك بعد تعرضه لحادث سيارة، يحارب في جبهتين مع رجال الطب ورجال القانون، للحصول على حقه في إنهاء حياته و معاناته الشخصية مسقطاً الضوء على بعض القضايا القانونية والطبية والأخلاقية المتعلقة بتوفير الرعاية الصحية.