Foreword

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Stories provide a narrative arc and dramatic structure that give meaning to illness. Patients tell their friends and their doctors "when it began" and "what happened next." Doctors tell stories when they talk among themselves, when they present formally at rounds, and when they write reports for peer-reviewed publication (Shapiro, Bezzubova, and Koons). Throughout my twenty-five-plus years of teaching clinical ethics to medical students, I have witnessed positive responses from students to the stories in the clinical cases they study, as students find stories more accessible and engaging than abstract philosophical discussions of principles and theory. Because stories are so appealing, the case presentation format is used by healthcare providers to share clinical information and has been adopted by ethicists to present and disseminate ethics cases as well.

Even so, text-based ethics case presentations have limitations. Modeled after the medical case presentation, ethics cases generally adopt the manner of a dispassionate observer, using a style meant to signify objectivity by supplying reliable raw data on which subsequent analysis is based. However, as humanities scholar Todd Chambers argues in his book *The Fiction of Bioethics*, the problem with this approach is that case presentations are anything but objective; rather, they are constructed narratives that inevitably reflect the authors' biases, moral point of view, and framing under the guise of "real life." Chambers describes how the typical construction of ethics cases appropriates the style and traits of the medical case, including the ample use of passive voice and clinical sterility. In doing so, ethics cases "do not tell the patient's story, nor do they tell . . . the ethicist's story; instead, they tell the physician's story" (25).

As such, ethics case presentations function like a wolf in sheep's clothing: they provide a veneer of objectivity, leaving readers with the impression that the cases are written with impartiality and omniscience. But this belies reality. Without a transparent accounting of who is writing the case and what the biases are, it is difficult for readers to fully appreciate the complexity of the stories being considered.

So, what does this have to do with a book that uses comics to tell stories from the arena of medical ethics? As colorfully described by comics artist Steven Keewatin Sanderson, at first blush comics and medicine seem like mustard and pudding—they simply don't belong together. But, upon deeper exploration, it turns out that comics offer a way of communicating that is different from, and sometimes better than, standard text-only case presentations. And for the particular task of exploring the ethical dimensions of medical encounters, comics offer a new way to engage readers in the complexity of ethical problems.

Unlike standard, ostensibly "neutral" case presentations where the author's identity and voice are typically opaque, "comics are unabashedly subjective" (Kuttner et al. 11). The comics artist is at once producer, director, writer, editor, and actor, and her decisions influence every aspect of the reader's experience and understanding of the case. The choices for which the comics artist is responsible are seemingly limitless: *Whose point of view is portrayed? Where does the scene start? When does it end? What is included in the story and what is excluded? What is shown visually and what is told verbally? How do the words relate to the images? What happens between the comic panels, and how do we know that? How is time portrayed? What is the hierarchal relationship between characters?* The answer to each of these questions signals a series of choices, and the result is a distinctive point of view that manifests social, cultural, and economic norms and expectations, which has profound implications for how the case is understood.

Some scholars have described what the comics medium "affords"—that is, what the medium offers and promises as a result of its properties (Kuttner et al.). Comics are typically understood to be visual stories, usually told through the juxtaposition of images and text, occurring in sequence. They are lauded for their ability to communicate vast amounts of information economically, using less space and requiring less time from the reader. Comics are generally easy to access, digest, and comprehend, and are particularly effective at communicating emotions, context, and time. Increasingly, comics are used in educational settings for teaching diverse learners and topics, including cultural studies, science, law, and even medicine (Czerwiec et al.). Though comics have made a few forays into the field of medical ethics (Elghafri; Olmsted and Green), this is a promising new area of opportunity.

That said, does the world need another ethics casebook, particularly one that takes the form of a comic? After all, comics can carry cultural baggage, such as their use of stereotypes to categorize people into archetypes and their historical connection to superheroes and kids. Yes! Because comics are so much more than this, and they have the capacity to help readers think differently about ethical conundrums through their use of visual metaphors and clever narrative structure. Consider the following ways that comics can be an

especially effective tool for communicating the complexity of ethical issues in clinical medicine.

First, reading comics can convey more meaning than reading text alone, as it involves interrogating images as well as words. It has been said that a picture is worth a thousand words, and for good reason. Images contain information that is difficult to glean from words alone, such as body language, facial expression, and contradictions between what is said and what is felt. All of this information can be relevant for understanding the origins of an ethical dilemma and the biases and barriers to resolving it.

Second, comics can foster empathy. As noted by physician and comics artist Ian Williams, reading a comic can be a portal into an individual's experience, insofar as it "creat[es] empathic bonds between the author and the reader" (354). This empathic connection between author and reader is in marked contrast to the typical ethics case presentation, where the author's footprint is so invisible it's easy to forget that someone actually constructed the presentation and made choices about what, when, and how to convey the material. In comics, we have insight into the inner lives of characters in ways that help the reader imagine what someone else is experiencing. Prominent comics scholar and artist Scott McCloud surmises that one reason readers relate to the cartoonish characters found in comics is that these drawings are abstractions that focus on essential meanings. By simplifying human features in a cartoony way, an image becomes more universal and hence applies to more people (fig. 1). Using the example of a face, McCloud notes that the less specific the image, the more the readers are able to recognize and see themselves (36).

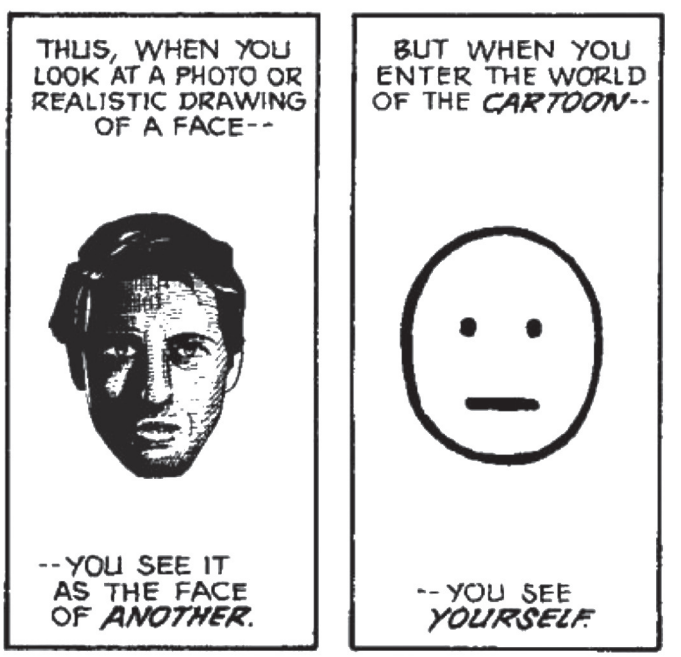

Fig. 1
From Scott McCloud, *Understanding Comics: The Invisible Art* (New York: Harper Perennial, 1994).

Third, reading a comic requires active involvement in the construction and completion of the story. Text-based cases tend to be passive: the presenter reports a series of events, the reader takes it in, and then discussion and analysis follow. Comics work differently; by their very nature, comics cannot show everything, so the reader must fill in missing information to complete the story. Each comics panel represents a moment in time, and the next panel represents a different moment that might occur seconds, minutes, or years later, or even in the past. Sometimes the moment is a memory or a dream, and sometimes it is the same moment told from someone else's point of view. In any event, the reader must infer what (if anything) happened in the space between the panels (or "gutter," as it is known), and this requires the active involvement of the reader to finish the story. So in this way, the reader is co-constructing the narrative, and the illusion of authorial objectivity is exposed—which differentiates comics-based case presentations from standard versions.

By way of example, let's compare a standard text-based ethics case presentation with a comics version. Perusing the half dozen or so ethics casebooks on my bookshelves, I notice a familiar pattern in the standard cases: an anonymous author describes a medical situation that caused someone (typically the healthcare provider) to experience distress. This "case" is described as "real" and the clinician is often uncertain or conflicted about what is the right thing to do. Consider the following:

> Mr. S. P., a 55-year-old teacher, has experienced chest pains and several fainting spells during the past 3 months. He reluctantly visits a physician at his wife's urging. He is very nervous and anxious and says to the physician at the beginning of the interview that he abhors doctors and hospitals. On physical examination, he has classic signs of tight aortic stenosis, confirmed by echocardiogram. The physician wants to recommend cardiac catheterization and probably cardiac surgery. However, given his impression of this patient, the physician is worried that full disclosure of the risks of catheterization would lead the patient to refuse the procedure. (Jonsen et al. 68)

Fundamentally, the case is about whether and how to elicit meaningful informed consent for a clinical procedure. Though the case is presented from the physician's point of view, we aren't provided any information about the doctor himself, his relevant experiences, biases, or competing responsibilities. Nor do we hear the patient's voice, only the doctor's recollection of a prior conversation and his interpretation of how the patient might respond. The case raises some questions about informed consent and its challenges but does very little to provide insight into the underlying reasons for these problems.

Contrast this to a comics-based case on a similar topic. In *The Swan* comic in this book, the medical team is shown visiting a hospitalized patient in the intensive care unit. Seen from the vantage point of the attending physician, a trainee presents the case of a patient with heart failure. The medical team believes they need more information to properly treat the patient, and the attending physician declares that a pulmonary artery catheter (or "swan," as it is colloquially known) could be useful. He approaches the patient with the intent of getting him to sign the consent form, and in doing so, casually mentions (while texting on his phone) that it's so "we can put the swan in your chest."

Several aspects of this largely visual story differentiate it from the standard approach. First and most obviously, the story is multimodal. That is, it communicates using both text and images, with each "mode" contributing something essential to the meaning of the story. The words themselves provide an incomplete picture: "Hello, Mr. and Mrs. Porter. I need you to sign this consent form. Then we can put the swan in your chest." The visual elements offer something different—a discordant message showing a distracted doctor tapping on his phone and avoiding eye contact. When juxtaposed with the words, we understand that the doctor is disengaged and failing to pay close attention to the patient and his concerns, which results in failed communication and dramatic misunderstanding on the part of the patient and his wife.

Second, the comic provides competing versions of the same story, sometimes even simultaneously. Rather than privilege the doctor's voice as the single arbiter of truth, it reveals the complexity of communication by juxtaposing the patient's point of view. Initially, the reader sees only what the doctor would see as he holds a phone in one hand and extends a consent form in the other. But then we view the patient's radically different perspective, presented via a thought balloon where he imagines what the doctor's words would mean for him. This shift in perspective implicitly raises questions about whose voice matters in the story and which perspective represents "the truth" with regard to the patient's experience.

Third, the comic manifests a point of view. Rather than presenting the story in the typical dispassionate manner of a standard case presentation, it proudly wears its biases. The reader can immediately see and experience how and why informed consent was unsuccessful, as reflected by the authors' use of visual imagery, shifting perspective, and eventual mea culpa of the doctor. The comic doesn't simply tell readers about the elements of informed consent; it shows them why this matters, what it means, and how to elicit it successfully. By shifting the point of view from that of the doctor (What task do I need to perform?) to that of the patient (What do I need to understand?), the comic engages the reader in the lived experience of decision-making during critical illness.

For all these reasons, using comics to present clinical ethics cases is both informative and radical. The medium can help readers understand the complexity of human experiences that can lead to ethical dilemmas, and it offers a more complete and robust way to show the human aspects of clinical stories than is often found in formulaic, text-based case presentations. The comics that follow are innovative not only for their creative mode of presentation but also for their effect: they invite readers to engage with ethical dilemmas both cognitively and emotionally, asking readers to see *and* feel the stories. These visually engaging original source materials make a welcome addition to any bookshelf or library and can be used by students, teachers, and anyone else who wishes to explore, discuss, and debate ethical issues in medicine. So bring on the comics!

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