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Ethics Found in Rhetoricity: Toward a Levinasian Vision of Bioethics

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Historically, bioethicists have focused analysis predominantly on "events," particular disputes that are then labeled ethical encounters and taught as bioethics cases. What bioethicists often neglect to interrogate, however, is the rhetorical space that both shape and define these encounters. Synthesizing the works of Matthew Vest and Emmanuel Levinas, I outline an expanded vision of bioethics, one that is focused less strictly on propositional statements and principlist analysis and more on rhetorical spaces, the territories in which ideas become visible and invisible. The result, I argue, is a radically expansive understanding of bioethics, one that takes seriously Levinas' claim that ethics is "preorginary," antecedent to the "event" bioethicists generally label the ethical encounter. Ethics gets "lost in modernity" because modernity has neglected to interrogate its own assumptions. Before one can speak meaningfully of medical ethics, one must first confront the rhetorical processes that preclude ethical discourse.

Keywords: Emmanuel Levinas, Ethics Lost in Modernity, Matthew Vest, rhetoric and rhetoricity, the four principles of bioethics

I. INTRODUCTION

> To approach the Other in conversation is to welcome his expression, in which at each instant he overflows the idea a thought would carry away from it. It is therefore to receive from the Other beyond the capacity of the I, which means exactly: to have the idea of infinity. But it also means: to be taught.
>
> —Emmanuel Levinas, Totality and Infinity, 51

Matthew Vest's *Ethics Lost in Modernity* (2023) is not a very practical book.[1] Or, perhaps more accurately, Vest's insights do not fall under any conventional definition of "practicality." Vest does not, for example, outline a clear metaphysical vision for bioethics, nor does he offer a systematic theology that can easily be adopted by Christian bioethicists moving forward. At times, Vest's project reflects certain deconstructionist tendencies of postmodernism, but he is also careful to separate his project from what, elsewhere, he terms "postmodern aporia," an attempt to look for transcendence in "some ambiguous spirituality or other formula of radical transcendence" (2019, 274). A cursory reader might conclude that Vest indulges in a naive form of religious nostalgia. What is a "sacred cosmology" if not a yearning for a premodern ethos, a time before the world was "disenchanted"? And yet, Vest is also careful to note the limits of nostalgia, terming such a turn "fatally limited" and disavowing it as a legitimate solution to the modern dilemma (Vest and Moyse, 2018, 416). As Tate and Karches correctly note, modern medicine has spawned problems, but it has also yielded undeniable social and technological goods. A complete repudiation of these goods would, indeed, warrant the label "impractical."

Yet, I wonder if Vest's work is not in fact immensely practical. Even as, in its final chapter, Vest's work initiates its "constructive turn" (a fairly heady conception of how "sacred cosmology" saves ethics), I am struck by how oriented toward practice Vest's contribution truly is. *Ethics Lost in Modernity* is like a sudden plunge into cold water. The initial descent is disorienting. The shock of entry is supremely uncomfortable. On resurfacing, however, one is impressed with a sudden clarity. Vest's conclusions seem impractical because as products of modernity, we are trained to understand practice instrumentally, that is in relation to categorical or formal conceptualizations. But what is practical if not a relational alignment with practice, and what is practice if not oriented, as Vest argues, towards "embodied meaning" (2023, 176). Bioethics has become boring, Vest claims, because it has narrowed "practice" to the technical exposition of a few core "ethical" questions. None of these questions interrogates the *rhetorical* space from which these questions emerge and by which these questions are shaped. By challenging analytical and principlist visions of bioethics, Vest undresses modernity's approach to ethics, reopening in the process space for important (and, I argue, deeply practical) conversations within bioethics.

Vest's final chapter gestures towards an alternative, a "sacred cosmology" that saves ethics (2023, 176). Beyond sketching an outline, however, Vest neglects to develop the specifics of this vision. Thus, further scholarship is needed to flesh out how a "sacred cosmology" operates practically and logistically. In this essay, I begin to formulate this extension. To illustrate my point, I channel Vest's arguments through the most practical of applications, a particular medical ethics case. Although Vest invokes Ludwig Wittgenstein to ground his philosophical and metaethical project, I turn, primarily, to French philosopher Emmanuel Levinas. Although I ground this project in a particular medical ethics case study, I do not mean to imply that the entirety of Vest's argument can be condensed into a singular biomedical case study. As Vest notes, bioethics is more than bio*medicine*; clinical ethics is a single outworking of a broader field of study (2023, 7).[2] However, if my reading holds, the thesis forwarded by Vest in *Ethics Lost in Modernity*, should (indeed, must) have direct and profound implication for how one understands the particular. Clinical ethics, grounded ostensibly in practice, provides an ideal lens for such a project.

Vest himself seems to invite precisely such a project. *Ethics Lost in Modernity* concludes with an invocation of the *Imago Dei* as it is represented in the Incarnation, an image that Vest uses to illustrate the point at which the mundane and the divine meet. "As language unites the spheres of intangible thought and tangible word-grammar," Vest writes, "as heaven and earth are united by the Word, so ethics unites *microcosmic mankind*" (2023, 222, emphasis added). This unification is accomplished, Vest argues, by forwarding an understanding of human beings as "works of the Word," as products both of language and of *Logos*. Thus, although Vest situates his work cosmologically, the practical outworkings of his project are specific and temporal. This move is accomplished by directing one's attention away from propositional thinking and toward the rhetorical act, the word as it relates to "the Word." This lens, in turn, serves to unite the cosmic with the particular, the infinite with "microcosmic mankind." To engage effectively in the macrocosmic, one must be willing to orient one's attention to the microcosmic. It is toward the microcosmic, then, that I turn my attention.

II. THE MICROCOSMIC

It is 8:00 a.m., and a worried mother sits in a chair next to a window that overlooks four AC units clustered in the corner of a flat roof.[3] Her son, 5 years old, cut himself badly the day before attempting to crawl under a barbed-wire fence. The worried mother immediately rushed him to the hospital. Once admitted, she was informed that the laceration requires stitches. She promptly agrees, and the procedure is completed soon after. Afterward, she is puzzled to learn that, rather than being discharged, her son has been scheduled to be transferred to another room where he will stay overnight. She is worried but not alarmed. Stitches are routine, but perhaps precautionary steps are typical for children under a certain age. She complies, and after a troubled night of sleep, both mother and son are awake. Impatiently, they await further information.

What they do not know is that at that precise moment, two floors below, the physician who saw them the evening prior is reviewing their case with his healthcare team, two other physicians, two nurse practitioners, and an exhausted resident who is 181 days from finishing residency. The term

"vaccine denial" is tossed about, followed by a knowing set of nods, pursed lips, and at least two audible snickers. Although it was the physician's decision to keep them overnight, it was a nurse who delivered the news, and peeved at being tasked with delivering bad news, the nurse neglected to mention to the worried mother that she and her son were being transferred because her physician had refused to discharge her child. The physician is concerned that her son has received none of the recommended DTaP doses, a vaccine that protects against tetanus poisoning. The case has already been forwarded to ethics, and in an hour in a room across the street, two medical ethicists will meet to assess the details. In this meeting, they will discuss whether the mother's decision to refuse vaccination sufficiently violates the harm principle to warrant state intervention. They hope to deliver their verdict by the evening.

Momentarily, I return to this example. For now, it is sufficient to note that although certain factual elements of this problem exist, the conflict in question is largely one of rhetoric. Communication has broken down, and as each party involved—the family, the care team, and the ethics committee—isolate, they mimic what Vest through Wittgenstein terms the scientific impulse, a craving for reproducibility and generality (2023, 55). In doing so, they model the dominant Western model of knowledge formation, that of dissection, atomization, isolation, and reintegration. Within the physical space of three separate rooms, two teams and one mother/son duo are attempting to piece together a logically coherent understanding of an event, one that theorizes the mental state, the rational capacity, and the goodwill (or lack thereof) of each of the actors involved. Although they have diverging opinions on how to enact this goal, no actor has malicious intentions. Each is deeply concerned with acting ethically. The conflict in question, then, is both microcosmic and one of *logos*—words. The stakes, however, extend beyond the particular incident. Thus, Vest might argue, the conflict is also macrocosmic and one of *Logos*. Within the particularities of the rhetorical situation, the macrocosmic and the microcosmic meet.

Now what does it mean to label a conflict "largely one of rhetoric"? To many, the term "rhetoric" takes a largely negative valence, suggesting vague notions of manipulation and coercion.[4] Samuel Ijsseling tracks this suspicion to a change in thought near the end of the nineteenth century, after which the term rhetoric became synonymous with the use of "underhanded tricks, fraud, and deceit," the "stringing together of hollow words, hackneyed expressions and mere platitudes" (1976, 1). Rhetorician James Crosswhite builds on this historical assessment, linking the decline of rhetoric as a distinctive field of knowledge to the elevation of scientific methodology and the increased status of research over teaching within emerging research universities (2013, 2-3). Through the lens of "scientism," rhetoric became increasingly viewed as a "fuzzy," largely unnecessary alternative to the sciences. Although works such as Chaïm Perelman and L. Olbrechts-Tyteca's *The New Rhetoric* and I. A. Richards' *Philosophy of Rhetoric* have done some work to rehabilitate this concept, rhetoric often finds itself characterized narrowly as the study of persuasion, particularly of illicit persuasion. So, when I open with a statement that "the conflict in question is largely one of rhetoric" what I think some people hear is that the conflict in question is largely one of manipulation, particularly on the part of the medical team. At times, this may be true; however, that is not what I mean by rhetorical space.

A broader conception of rhetorical space requires a broader understanding of rhetoric. In *Deep Rhetoric*, Crosswhite conceptualizes rhetoric as not a discipline but a metadiscipline, the space on which disciplines are built (2013, 106). To Crosswhite, rhetoric is "the inescapable event in all communication," the "way we learn and change" (2013, 17). Within this paradigm, ontologies become what Crosswhite terms "communicative phenomena," realities spoken into existence and held in-place by a mutual agreement among speakers to travel through time together (2013, 36). Rhetoric, in other words, is not simply communication: it is the space in which communication occurs. Rhetoric is (to borrow language from David Foster Wallace) the water in which communication swims, or, perhaps more accurately, the medium by which communication becomes possible. Ubiquitous and omnipresent, this "water" is largely invisible to the fish that swim in it. Thus, (famously) when an older fish says in passing to two younger fish, "Morning, boys. How's the water?" the two younger turn to each other in confusion and ask: "What the hell is water?" (Wallace, 2009). To the fish, water is, quite simply, a fact of existence—the way things are. And yet, water like rhetoric is not an inevitability, a reality that becomes all too clear to the fish if they are ever so unfortunate as to be confronted by its absence. To characterize medicine as rhetorical is, to Crosswhite, to assert a truism. Where there is

communication, there is rhetoric. Sometimes, however, the specific space in which this communication occurs—the rhetorical space—is disguised.

Vest offers a similar insight. To Vest, one's understanding of ethics must be channeled through the communicative act. He draws particular attention to what Wittgenstein terms philosophy's "language games," modes of discourse that both frame and (at times) obscure discourse. Within bioethics, one of the most ubiquitous language games is that of principlism, articulated most famously by Tom Beauchamp and James Childress in their hugely influential *Principles of Biomedical Ethics*. Principlism, Vest argues, projects a mythology of "modern secular order" in which bioethics presents itself through a "mode of pseudoneutrality," one that distinguishes carefully between theory and praxis (2023, 11). Framed as a form of praxis, principlism adopts the guise of impartiality, a "view from nowhere" that enables bioethicists to imagine that they have the ability objectively to assess situations. Vest's critique of this paradigm is decisive. Principlist language, he argues, is so vague that it "morphs to fit various world pictures as defined by the one who speaks" (2023, 12). Thus, principlism "inevitably fall[s] in line with whatever political power schema is currently *en habitus* of the good" (2023, 43). Framed as the measuring rod against which bioethics is calculated, principlism proclaims itself the *locus* by which "practical" ethics is understood; in doing so, it centralized secular, Western, and analytical conceptions of bioethics, marginalizing, in the process, alternative approaches. Bioethics, thus, is covertly converted into biopolitics. Individuals who master this language game "gain authority to be a 'bioethicist'" even as the justification for this assertion remains unclear (2023, 45). This move is the impetus by which mainstream bioethics justifies its "inward turn" (Robin, 2024).

Vest's insight mirrors that of rhetorician Bryan Garsten, who argues that certain Enlightenment impulses create what he terms "a rhetoric against rhetoric," adopting a false sense of objective neutrality through which authority positions itself as the definitive word on an issue. In doing so, Garsten argues, one establishes through rhetoric the idea that further rhetorical discourse is no longer necessary. Thus, rhetoric moves against rhetoric. Such a move, Garsten argues, asks individuals to "alienate their judgment in a way that leaves them stranded from both the activity of public discourse and its outcomes." This move tends to produce "resentment and frustration" (2009, 175), both of which are endemic within the modern American medical system (Mulligan and Brunson, 2020). Certainly, in the case study outlined above, elements of each—resentment and frustration—are already being felt, a reality that will escalate as the situation further plays out. Applied to Vest, the rhetorical move generated by the principles lies in their pseudo-objectivity. Rhetorically, principlism declares itself the final word; it establishes itself as the rhetorical space in which all further discourse occurs. Principlism becomes the water in which ethics swims.

Wittgenstein, as read through Vest, disrupts this paradigm. Advocating a certain "mystical silence," Wittgenstein urges philosophers to resist decreeing judgment over situations (2023, 48). Philosophy as understood by Wittgenstein is less a series of propositional theories than "an activity," a move against the "bewitchment of our understanding by the resources of our language" (Wittgenstein, 2009; 109, quoted in Vest, 2023, 59). Philosophy cannot uncover ultimate meaning, nor can it definitively direct action. Rather, philosophy through critique works to clarify confusions, to uncover the language games that inhibit meaning. By disrobing language, philosophy reopens the possibility of transcendence; however, it cannot itself dictate this transcendence. Wittgenstein's contribution is to frame philosophy as benevolent critique, one that is done "for the sake of transcendent or higher values" (2023, 67). Thus, Wittgenstein's focus on language games rather than propositional statements is a move toward discourse and away from Garsten's "rhetoric against rhetoric." It is a reminder that situations are always rhetorical in nature. Philosophical problems arise, Wittgenstein notes poetically, "when language goes on holiday" (Wittgenstein, 2009; 38, quoted in Vest, 2023, 79).

III. EMMANUEL LEVINAS AND THE RHETORICAL SITUATION

Vest channels his work through the Austrian philosopher Ludwig Wittgenstein. His cross-grain reading of Wittgenstein is detailed and compelling. As I shift the conversation from the cosmological to the particular, I add a second voice to the conversation, that of French philosopher Emmanuel Levinas. Although the jump from Wittgenstein to Levinas may seem counterintuitive, several scholars have already done work to link the two. Vest's reading of Wittgenstein, for example, strays from those that

view the Austrian thinker exclusively as an analytical philosopher. Hanne Appelqvist and Panu-Matti Pöykkö build on this point, arguing that early Wittgenstein and Levinas meet at the point of ethics, each pulling from an understanding of ethics that is "transcendental," unmoored from the strictures of empirical facts (2020, 66). Although Wittgenstein and Levinas certainly have their differences, each ground their ethical projects in language. Wittgenstein's broad theorizing allows Vest to sketch out his metaethical vision. Levinas helps ground these theories, demonstrating how Vest's project impacts the particular.

In "Ethics as First Philosophy," for example, Levinas critiques the epistemological roots of the Western philosophical tradition, arguing against the idea that abstract, universalized knowledge leads to intelligibility. Within the modernist paradigm, Levinas argues, abstract knowledge becomes necessarily violent, a means by which one "seizes" the Other. In doing so, knowledge "appropriates and grasps the otherness of the known," recreating the being of the Other in the image of oneself (Levinas, 1989a, 76-7). Levinas' critique of knowledge echoes Vest's reading of Wittgenstein. Invoking Peter Hacker, Vest notes that a "core ambition" of Wittgenstein is a "non-cognitive conception of philosophy." This goal is accomplished by aligning philosophy "less with human knowledge and more with human understanding" (2023, 53). For both Levinas and Wittgenstein, propositional knowledge obscures understanding. This vision of philosophy, Vest argues, lies fundamentally against that of "scientism," which seeks, through generalization and isolation, to reduce objects to their objective components.[5]

Recall the case study above. Levinas might note that a variety of factors precede what we are now terming the ethical question, that of a potential legal intervention against the mother's right to dictate medical treatment for her son. Within the modern medical rhetorical space, the ethical moment follows the ontological moment, that is, it is created by the breakdown of the normal functions of the system and formalized when the physician kicks a problem to the ethics committee. For Levinas, the ethical situation is preoriginary; it predates the particular "event" that we are labeling the ethical encounter. Ethics precedes ontology. Therefore, if one hopes to decipher the true extent of the ethical experience, one must cast one's gaze backward, toward the initial moment of encounter.

This construction—that of ethics before ontology—reframes entirely biomedicine's conception of bioethics. What ethicists commonly call "ethics," indeed, what they will be deliberating on during the scheduled ethics consultation, becomes merely a subsection of the ethical encounter, a piece that, while important, is largely incomprehensible when dissected from the particularity of the rhetorical situation. For Levinas, in contrast, the actual ethical encounter occurred at 5:45 p.m. the evening prior when, on his entrance to the room, the flustered mother directed with her eyes a look of wordless plea toward the physician. This act precedes verbal speech and is correctly interpreted by the physician as a plea for help. The slightly elongated strides he takes to reach the child are evidence that the message has been both received and the responsibility to act accepted.

In the moments that follow, the physician systematically and without conscious intent reduces the "saying" to a "said." This is to say that the physician directs his attention away from the radically unique and non-referential language of direct experience ("saying") to the equally radical general experience of propositional content, of forms, concepts, and other modes of signified meaning ("said"). Gently probing the wound, the physician determines its depth, notes that despite continuous pressure the wound has not fully clotted, worries at the amount of blood the child has lost, and asks the mother the approximate time the laceration occurred. Leaving the child, he requests tools and gathers equipment. An expert of his trade, he is able to staunch blood flow, and within 30 min, the wound is stitched up. Thirty minutes more, and the child, exhausted, is asleep.

How exactly the physician discovers that the child has not been vaccinated against tetanus is not important. Perhaps, in those initial moments of flurried activity, he asks and the mother responds in the negative. Perhaps the details come out later during a conversation between the mother and the nurse practitioner, and the information is relayed to him. Regardless, he absorbs the information, as many health professionals might, with equal levels of frustration and disgust, punctuated finally by anger. Conceptually, an image of a woman emerges in his head, one that he forms unconsciously and without intentional malice: the mother is deluded, misinformed, brainwashed, probably a religious zealot. Her child, an innocent, kindergarten-age boy, must not be held accountable for his mother's indiscretion.

In Levinasian terms, three important things are happening here. First, the physician is engaging in the act of thematization, that is, he is casting the unknown "in the mould of the known" (1989c, 89). In doing so, Levinas argues, he transforms the being of the "Other" into an object, one that is capable of mastery. This appropriation happens in a few ways. First, as he probes the wound, the physician's attention is drawn from the personal to the general. He notes the wound's width and depth, requests time parameters, and estimates blood loss. Later, as he charts his results in the electronic health records, he formalizes this move toward generality, his copy/paste descriptions mirroring exactly those of dozens he has completed before. Second, once the physician discovers that the woman has not vaccinated her child, a central element of her individuality evaporates. Instead, it is replaced by the physician's projection of a "type" on the mother. In his mind's eye, she becomes an amalgamation of generalities, a collection of people he has met, news stories he has watched, and that "kooky" aunt that he dreads seeing every Thanksgiving holiday. Her distinctive features are substituted for a collection of general traits that make up his current categorical understanding of "vaccine deniers."

As Jeffrey Bishop notes in *The Anticipatory Corpse* (2012), this act of thematization is built structurally into the very curriculum of medicine training. First-year medical students begin their training by conducting a full-body human dissection. In doing so, Bishop argues, medicine grounds itself both physically and philosophically in the logic of dissection and of atomization. Students are taught to map the yet-alive human form onto that of the cadaver, the idiosyncrasies of life dissolved into the comfortable formalism of death. Medicine's epistemology, thus, is grounded on the "dead body, understood as an ideal-type" (Bishop, 2012, 21). This foundational assumption expands outward, permeating the whole of the medical enterprise. Grounded in atomization, thinking becomes inevitably mechanical and instrumental, subject to the structure of efficient causation. Bishop terms this act a "metaphysics of control" (2012, 89), the "power to subject one's object to one's categories" (2012, 92). Through the logic of dissection, the "particular and idiosyncratic person is put to death," replaced by a new idealized form. Bodies that stray from this form, as all bodies inevitably do, are categorized as defective.

Similarly, as the physician projects onto the mother his internal categorical understanding of "vaccine deniers," he trades the particular for the general. In Levinasian terms, he appropriates the individuality and "Otherness" of the woman. Some of his assumptions may be correct. The mother may, in fact, be religious. Her primary news sources may be right-wing talk radio and internet messaging boards, and she may know little factual information about vaccines and their efficacy. She might, however, fail to fall under any of these categories. Perhaps she adheres to more left-leaning politics and objects to vaccines for "holistic reasons." Perhaps she possesses a high degree of medical literacy, and, knowing that tetanus is incredibly rare in the United States (generally fewer than thirty cases per year), objects exclusively to the DTaP vaccine. The specifics of the case are not important. What is important is that by projecting his own consciousness onto the mother, the physician foreclosed the potential for a face-to-face encounter, replacing the idiosyncratic face of the mother with his own, internally begotten manifestation.

Second, as the case hits the ethics committee, it is immediately subject to what Levinas terms "formulas of generality" (1989a, 84). In doing so, Vest notes, ethics latches itself to the methods of science, a tendency which, Wittgenstein notes, stems from "our craving for generality" (Wittgenstein, 1958; 18 quoted in Vest, 2023, 55). This transformation is accomplished in a few specific ways. As previously noted, Vest draws particular attention to Beauchamp and Childress' form of principlism, an approach that gives way to what Vest terms a "pseudotranscendental common morality" (2023, 55). Within this framework, biomedical decisions are deemed ethical when they conform to four core principles, those of autonomy, beneficence, nonmaleficence, and justice. Because in this case a guardian is making a decision for a minor, this case will likely be formed in the mold of other surrogate decision-making cases, and attention given to what Beauchamp and Childress (2019) term the surrogate decision-maker's responsibility to act within the "best interests" of the patient. Perhaps the ethicists will note that although the case clearly violates the best interest standard, ethicists often adhere to a more stringent "harm" principle to justify state intervention on parental decision rights. They may well review Douglas Diekema (2004) hugely influential "Parental Refusals of Medical Treatment: The Harm Principle as Threshold for State Intervention," casting particular attention to Diekema's eight conditions to determine whether harm arises sufficiently to warrant intervention.

Regardless of the methodology used, each seeks to capture reality through generality, it neglects to engage the Other in dialogue by thematizing them and thereby making them an object of knowledge. Wittgenstein's philosophical approach, Vest notes, begins to "chip away" at this notion (2023, 74). Wittgenstein's goal is to reach a deeper reality, to touch on something that transcends what is propositionally sayable (2023, 75). The "algorithmic language of science," Levinas notes, though it seems to be stripped entirely of rhetoric, is "nonetheless indebted to the Cartesian metaphor of man as 'master and possessor of nature'" (1989b, 137). Formulas of generality, thus, are, themselves, a rhetoric against rhetoric, a way for ethicists to project a level of objectivity over cases that can only be accomplished when a case falls within a certain general basket within which decision-making can be determined categorically. To legitimize its place within medicine, ethics adopts the language of science.

Finally, by retreating to their respective corners to deliberate, each of the participants involved reenacts the dominant move of Western philosophy, that of isolation and contemplation. Levinas traces this move to Aristotle who argues in Book Ten of *Nicomachean Ethics* that "the wise man can practice contemplation by himself" (quoted in Levinas, 1989a, 77). This move, he argues, has become modernity's dominant theory of knowledge-making. By isolating, Western philosophy forwards the illusion that knowledge is independent, exterior, and self-sufficient, in other words, a-rhetorical. Understanding, according to this tradition, is best accomplished by the formulation of knowledge through the act of "disinterested contemplation" (1989a, 76). Under this framework, personal interactions become a type of reconnaissance mission, a way for an individual to collect information that can be carried back to a private space and processed in isolation by a team of experts.

Once again, this assumption is built into the structure of the hospital. As hospitals have expanded, they have become increasingly decentralized. From cinematic depictions of medicine, one might assume that hospital staff work together closely, nurses, physicians, and medical technicians gathering around water coolers in their spare time to discuss life and work. Across the United States, this reality is no longer true. To minimize wasted space, hospitals have moved away from assigning physicians to specialty wards, sections of a hospital where all the patients assigned to one specialty for treatment (internal medicine, surgery, neurology, ob/gyn, etc.) are roomed. The current, dominant model is decentralized; patients are sent to the first serviceable room available in the hospital. As a result, physicians often move throughout the hospital to "round" on their patients. Once they finish, they retreat to a secluded office space to chart results, attend meetings, and perform administrative tasks. Data confirm this move toward isolation. According to a 2024 report, emergency room physicians spend just 8.7% of their time with patients. "85.6% of the observed time," the study notes, went to "non-medication-related clinical or administrative tasks" and the remaining 5.7% to standby or moving between tasks (Johnsgård et al., 2024).

Clinical ethics operates in a similar manner. In "Bioethics Mediation," Autumn Fiester decries the typical verdict-based consultation methodology common within clinical ethics. Despite receiving lip service support, clinical mediation, the process of bringing all parties together to deliberate, remains rare within clinical ethics (Fiester, 2013, 501). More often, clinical ethicists adopt a removed approach, relying on calls, emails, and even some in-person consultations to gather information. Like medical practitioners, they then retreat to secluded spaces to deliberate on information and to formulate results. This is precisely what happens in our case. In a building across the street, a pair of ethicists gather to discuss the details of a case. Although they do reach out to collect information, they do so as an exercise of organized reconnaissance, as a way to gather information that can guide deliberation. Importantly, this deliberative act is then done in isolation. Thus, they reenact in ethics the dominant paradigm present within biomedicine.

These discursive acts—thematization, generalization, and isolation—do not spring *sui generis* from nowhere. They are built into the very core of the biomedical and bioethical enterprise. Each of these assumptions is driven by a rhetorical act, that is they are instantiated and communicated through symbolic means: through the design of medical education curriculum; the architecture of the biomedical space; the communication of administrative, legal, and economic expectations; and through verbal language. These rhetorical expectations then extend from the biomedical space to the bioethical space. Like medicine, mainstream clinical bioethics attempts to adopt a "scientific" lens, a "view from nowhere." Principlism is itself a form of dissective logic, one that rhetorically announces itself as a-rhetorical, a rhetoric against rhetoric. As the de facto base of the medical ethical enterprise,

principlism becomes a form of public reason, one that has the authority to dictate what counts and what does not count as *real* ethics. *Ethics Lost in Modernity* disrupts this paradigm. By drawing attention to language games, Vest recenters our attention on the rhetorical act.

IV. AN ALTERNATIVE

Vest's Wittgensteinian turn is to articulate a "first-level metaethics," one that rejects the totalizing logic of efficient causation and replaces it with an anthropologically centric reality. Vest describes this "sacred cosmology" as both apophatic and embodied, an "ascetic formation into transcendent life and values" rather than a scientific, principle-led enterprise (2023, 176). This goal is achieved by prioritizing embodied meaning, an act that, according to Vest, reintroduces space for the sacred and the transcendent. The great failure of modernity's approach to ethics is that it purports to know intellectually that which can only be known experientially, through a repetitive act not dissimilar to that of the church liturgy. A "sacred cosmology," Vest asserts, reintroduces space within ethics for wonder.

One might forgive a certain subsection of readers for throwing up their hands in frustration at Vest's conclusion. What is one supposed to do, particularly when one finds oneself glued to this physical earth, with (and here I quote a colleague of mine) "space logic"? To analytic philosophers, Vest's conclusions seem likely fuzzy and ungrounded. To many clinical ethicists, his conclusion feels heady, too removed from day-to-day practice to be of use. Even to many religious readers, Vest's logic presents as insufficiently systematic. Does not Wittgenstein himself, despite flirting with the Orthodox tradition, fail to make that final leap from mysticism to Christianity?

I am sympathetic to each of the critiques. However, within the metaethical Wittgensteinian paradigm that Vest forwards and the preoriginary framework offered by Levinas, space exists for Vest's cosmology to be both ontologically unsettling and deeply practical. Once more, let us return to our case study. The most obvious application of Vest's thesis is the realization that a strict appeal to principlism will necessarily fail. Although they may be used effectively as tools to frame conversations, one must look beyond (or perhaps before) autonomy, beneficence, nonmaleficence, and justice (or even the best interest or harm principles). Once one has done so, what one finds is a rhetorical situation—a space in which language exists. Thus, the first act of the ethicist is not one of isolated contemplation or of fact-finding but of entering into and participating within a conversation, that is, of dialogue. This entrance is not neutral. Ethicists are not objective observers, gathering, organizing, and disseminating information. Rather, they bring with them their own varied set of language games, games that, unless interrogated, can quickly appropriate a conversation. Knowledge is made possible not by a rational act but by the disruptive force of *logos*. The ethicist's job, then, is to make each distinct conversation visible to the actors involved, to arrest language's "holiday."

This move is accomplished, Vest notes, by reframing ritual as a form of liturgical meaning-making, a type of knowledge that engages understanding not by grasping but as a form of collective formation. By engaging in each other's stories, we participate in each other's liturgies, secular or otherwise.[6] In Levinas' (1979) formation, that which precedes the face is an attitude of openness, an attunement to the face of the other.[7] This openness need not necessarily induce radical aporia. To do so would be to enact the postmodern ethos as the new secular "god" of bioethics. Rather, Vest's project envisions ethics as "a process for human formation within end goals and ideas on the good" (2023, 177). The goal is not, ultimately, to eschew *teleological* projects; rather, it is to move away from propositional declarations and to replace those with embodied, rhetorical expressions of meaning and meaning-making. This process becomes possible when we interrogate the language and categories that bind philosophical thinking. The physician involved, for example, cannot be cast as villain or hero. Rather, as ethicists, we must approach him as a product of a particular liturgical space, one that fails to recognize itself as rhetorical and liturgically embedded. He is, as Kimbell Kornu notes, both physician and priest, the "physician-priest" whose actions and rituals create meaning and dictate significance within the rhetorical space of biomedicine (2022, 386). Similarly, the mother must exist outside of easy categorization—that of righteous advocate or profligate evildoer. Within the storyworld of each, conflicting conceptualizations of the other and of self reign. These conceptions foreclose the possibility of the face-to-face encounter.

Levinas' face-to-face encounter is occasionally presented simplistically as a call to gather in the same space and, there, to engage in dialogue. Although gathering may be an important *segment* of the face-to-face encounter, it is only a piece of the experience. Within modernity, one is often physically present but spiritually distant. For Levinas, an important element of the encounter depends on one's openness to the other. This openness only becomes possible when one approaches the other not as a thing to be known, but as a miracle to be wondered at, to "receive from the Other beyond the capacity of the I" (Levinas, 1979, 51). Thus, a second task of the ethicist is, on bringing the parties together, to dethrone scientific discourse as the *de facto* ruling force within the conversation. One need not, in doing so, exclude scientific facts entirely from the conversation. Certainly, the precise risk of the patient contracting tetanus is relevant. However, the physical facts of the case do not supersede the ethical dilemma. Scientific discourse is, in other words, subservient to persons and communities, a means (one of many) to an end rather than an end of itself. Without attunement by all parties to the rhetorical act, no amount of "factual" conversation will elicit meaningful response.

This conceptualization radically expands our notion of the ethical encounter. What is typically described as "healthcare ethics" suddenly swells outside the bounds of problems and solutions and into the rituals and places that engender particular encounters. Space, in other words, is itself a form of dialogue and therefore a form of ethics. How we design these spaces becomes an ethical exercise, as is how we train doctors to communicate. The metaphysical and epistemological ways that we ground knowledge and meaning-making possess ethical implications, both for physicians and for ethicists, as do the ways we conceptualize health and wellness. The specific problems outlined in our case study do not disappear. We still need ethicists to grapple deeply with harm and state intervention. However, under a preoriginary framing of ethics, this encounter becomes just one part of a greater ethical context. The incident above was created rhetorically, from a breakdown in *logos*. When possible, the solution should be equally grounded in *logos*. As Christian ethicists, we channel this *logos* through *Logos*, Christ revealed, the God-man made flesh.

The power of God made flesh is its capacity to disrupt, to make known and knowable seemingly irreconcilable distinctions: the divine and human; transcendent and immanent; cosmological and mundane. Rhetoric intersects with ethics in that it interrupts, it forces one to revise, to (re)-(vise)—to see anew. Bioethics as it is currently constructed, Vest argues, systematically stymies this interruption. Modern billing reduces illness to a 5-digit CPT code. The medical space reduces patients to hallways, door numbers, and identical rooms. Medical training reduces patients to a collection of organs and tissue. Principlism reduces ethics to propositions. In Levinas' terminology, language is reduced to a mere set of signs, symbols, tools, or instruments, "formulas of generality. A genuine encounter with "the Other," a person to whom I am "inescapably responsible," requires a confrontation with and rejection of these generalities (Levinas, 1989a, 84). The current biomedical paradigm, dominated by "scientism," makes this encounter increasingly difficult, nearly impossible.

Levinas' injunction to listen rather than just to hear is at least partially dependent on the presence of a rhetorical situation that allows for listening. Ten minutes, four codes, six computer screens, instant charting—all of these work against listening. This is not a critique of medical professionals—it is, however, a critique of the rhetorical space that produces the current medical paradigm. Bioethics has become a tool, a collective ontology built around (and containing within itself) its own empire of self. Ethics gets lost in modernity because modernity has neglected to interrogate its own assumptions. Before one can speak of medical ethics, one must first confront the rhetorical processes that preclude meaningful ethical discourse. Such an act is made most possible when the act of thematization is staunched, when the physician (and ethicist) looks at a patient and sees for the first time that that clump of cells, the "anticipatory corpse" before her, is radically unique, a being created in the image of God. Wonder, according to Vest, precedes knowing; an approach to the Other, however, that purports to know already that which needs to be known has foreclosed on wonder. Thus, the primary role of the ethicists is not one of sorting information but of contaminating language games, of convincing those who are involved that the act of "knowing" has just begun.

"[T]he point," Vest argues, "is not to possess an *expectation of certitude,*" one that will inevitably "lead to despair when words fall short" (2023, 203). An ascetic ethics, in contrast, is accomplished experientially through communal activity—it is ritualistic and liturgical. Verdict-based ethics, thus, is subsumed by a rhetorical, narrative ethics, one that is grounded in a comportment towards others, a

way of being. This act is accomplished not by isolated contemplation nor by any other form of *thinking about*; rather, understanding is a product of personal engagement, of *thinking with*. Levinas might note that ethical solutions become visible only when faces become visible. Such a realization resituates entirely one's understanding of the ethical encounter. The role of the ethicists is not to decree solutions—it is to make visible the face of others. We might start by gathering in the same room.

NOTES

1 This, at least, was a critique levied against it recently by a few of my colleagues after we had read it through together in a reading group.
2 In "The Future of Bioethics," Angus Dawson (2010) makes a similar point, arguing that "bioethics is not medical ethics" despite the fact that "the two terms are often treated as if they were simply interchangeable." In Dawson's view, bioethics is "broader in scope than medical ethics," and the treatment of the two as synonymous has led to deep problems within bioethics.
3 The following case is based loosely on one put forward by Douglas Diekema in "Parental Refusals of Medical Treatment" (2004, 258) and later expanded in a case discussion for the Seattle Children's Hospital Research Foundation. Several details have been altered and/or expanded to better fit the specific contours of this paper.
4 Levinas himself seemed, at times, to endorse such an understanding of rhetoric, displaying, in the words of one scholar, an "allergic reaction to both rhetoric and dialogue" (Lipari, 2012, 228). This reaction likely stems from Levinas' association of rhetoric with a mechanistic approach to persuasion, an association that has its roots in antiquity. In *Gorgias,* for example, Socrates (through Plato) accuses three sophists of appropriating language by teaching students to approach language as a tool for persuasion. Plato rejects this categorization, arguing that language should be "ruled" by philosophy, a move that, Bernard Stiegler (1998) argues, effectively separated *tekhnê* and *êpistêmê* within the Western philosophical tradition. Levinas opposes this separation, and, accepting Plato's formation of rhetoric as the work of the sophists, rejects rhetoric as well. In Levinas' mind, rhetoric is synonymous to manipulation. However, several rhetoricians—predominantly Diana Davis (2010), Lisbeth Lipari (2012), and Brooke Rollins (2009)—have worked to reconnect Levinas with the contemporary field of rhetoric, arguing for a vision of rhetoric that more closely aligns with Levinas' contextualization of ethics as preoriginary, preceding the "event" generally labeled the ethical encounter. It is through this latter conceptualization of rhetoric that I direct this conversation.
5 For Levinas, the act of isolation precludes meaningful ethical discourse because it prioritizes dissection and intellectualization, a "technical application of knowledge" (Levinas, 1989a, 76). When one isolates, one has no access to the Other; thus, the Other becomes inevitably a representation—a "re-presentation" (Levinas, 1989a, 77)—of oneself. Playing God, we cast our understanding of the Other in the image of ourselves.
6 Here, I borrow from James K. A. Smith who argues in *Desiring the Kingdom: Worship, Worldview, and Cultural Formation* (2011) that culture builds "secular liturgies" into our day-to-day lives. Smith defines these "secular liturgies" as repetitive and formative practices that mimic religious liturgical practices and thereby shape our interest and desires.
7 "If the transcendent cuts across sensibility, if it is openness preeminently, if its vision is the vision of the very openness of being, it cuts across the vision of forms and can be stated neither in terms of contemplation nor in terms of practice. It is the face; its revelation is speech" (Levinas, 1979, 193).

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