

# Metaphors go beyond comfort by veiling the corporate factor in medicine

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Patient care has risen to become a significant factor when considering treatment for any ailment. When deciding which hospital to entrust with care, patients will consult reviews of their insurance-approved facilities before selecting one to entrust. Reviews of said hospitals are no longer focused solely on the efficiency of treatment or the cleanliness of a facility, but also on whether or not the services were provided “with a smile”. Often times, facilities with lacking “customer service” will be scored lower regardless of how effective the treatment was. Patients have come to expect to have staff put the “treat” into treatment and live up to caring about the care they give. A lot of that sense of personal care comes in the form of doctor-patient communication.

It is common practice in patient care to use metaphors as a tool to explain a given ailment. Susan Sontag focuses on the metaphors in medicine in her work: *Illness as Metaphor*. Sontag’s point is that metaphors do not have a place in medicine because disease itself is not a metaphor. The issue with that point is that it does not offer a better way of trying to explain disease to common people with little to no baseline medical knowledge. The intent of using the metaphors on the part of the medical professional is to aid in the understanding of the ailment in common vocabulary. Sontag’s point fails to consider the need for medical professionals to inspire patients with positive metaphors enough to convince them to entrust the hospital with their care which in turn directly effects how profitable a hospital is.

Metaphors serve as not only a way to inspire, but also mask the corporate side of the medical field. The corporate presence in medicine is presented in

Lesley Sharp's argument around organ donation in her article, "Commodified Kin: Death, Mourning, and Competing Claims on the Bodies of Organ Donors in the United States". This is shown when Sharp states: "...the United States emerges as a dominant and exemplary model, where organ transfer has become increasingly corporate in structure" (116).

In death, organ donors and their kin become nothing more than objects in the organ transplantation market: products ready to sell to the highest bidder (or in most legal cases to the sickest patient). Part of that comes with the fetishization of the dead who are viewed as incubators for healthy organs as opposed to living patients in need of time and active caring. Fetish in this case meaning: an object believed to have magical power to protect or aid its owner; broadly: a material object regarded with superstitious or extravagant trust or reverence (Merriam Webster Online). Considering Sontag's argument is plainly: "the healthiest way of being ill-is one most purified of, most resistant to, metaphoric thinking," it is reasonable to conclude that Sontag would be in support of the United States' approach to organ procurement (3). Donor kin may feel neglected as a result of this fact, but as far as Sontag's approach, that "neglect" is really just evidence of the medical professionals staying within their area of expertise which should ideally be curing illnesses and not creating masterful images that divorce the illness from its medical roots. However, Sontag does not acknowledge the need to mask the corporate side of medicine from kin during the grieving process which occurs after her timeframe of argument: the illness phase. Sharp does address this very point. She goes on to say that veiling the organ donation industry in

metaphors is extremely prevalent, "... social worth of human organs [is] framed by transplant's demands; the reality of donor's deaths; and the imaginative metaphorical reconstructions of the donor body, all of which ultimately disguise the true origins of donated body parts" (Sharp 118). By giving donor's lives this meaning through metaphor there is this separation between industry and the humans whose lives it costs to keep the industry afloat. The use of metaphor does not change the outcome of what happens to the donor. The donor dies with or without the metaphors. But for the people they leave behind it helps them to process the donor's wish to not keep their body intact in death. The metaphors work to romanticize the cutting apart of their loved one. There is a clear difference in the emotions conjured up with metaphor heavy explanation as opposed to a more clinical one. Sontag and Sharp really only partially agree on the use of metaphor in medicine as there is a divergence presented on the part of Sharp after the illness period has concluded and the grieving process has begun. Sharp is weary of "the vulture factor" (123). That is something that the donor kin are ideally shielded from, just how vulture-like the OPO counselors are. The donor kin are meant to feel very calm and very much in control when governing over the organs. The veil of metaphors shields them from the truth of the industry seeking the organs as quickly as possible. Without the metaphors in this area of medicine there would be a significant shift in organ donation rates if donor kin felt badgered by OPO counselors. In a highly emotional time, the last thing anyone wants is someone hounding them for an immediate answer to a question when there is a laundry list of other issues to be dealt with. There is a heavy emphasis placed on the language

used to communicate the organ procurement process with families in a more beautiful way than say using plain, simple English to explain it. By removing metaphors from the explanation of ailments in medicine a lack of “caring” can be felt on the patient or donor kin end. Medical explanations in general are hardly soothing and often times is littered with long, unpronounceable words.

As the words get longer, the level of understanding drops. With ailment names such as: Cystoureteropyelonephritis and Pneumonoultramicroscopicsilicovolcanoconiosis, it can be quite daunting to have to deal with an ailment you cannot pronounce. If the explanation of the ailment has little to offer in terms of easily understandable, common-knowledge descriptions of what is happening in the body, the patient could feel completely confused and terrified about the extent to which their ailment is severe. The lack of understanding could lead to the veiling of the complexities of the disease. But Sontag is not arguing to use these long medical definitions. She wants to remove metaphors in favor of plain English explanations. In that case, Sontag enters this realm of using generic terms to explain illness, which is a very personal experience. This suggestion of using plain English can lead down a path of very generic wording which is supplemented by things as opposed to words something that Barbara Ehrenreich addresses in her piece, “Welcome to Cancerland”. Ehrenreich’s reflects on her breast cancer diagnosis saying, “where I once was ... the surgeon’s implication ... [is] I have been replaced by it [the cancer]” (44). This conclusion comes following the diagnosis of “there is a cancer” (44).

There is no metaphor presented there. What has happened is dehumanizing on behalf of Ehrenreich. She is equated with the cancer, her person removed from the situation. She has become an unwilling member of the “cancer fighter group”. What is interesting to note though in this membership is the surgeon she is speaking to does not grant her the membership. It is really only after going to forums to talk to other patients that this membership is gained. From Sontag’s point of view this is interesting as the member of the medical community is not the one presenting the metaphor. This is what Sontag is arguing for. In fact, Ehrenreich also in a way appreciates that the surgeon was not the one inducting her into the ‘pink ribbon cult’.

Ehrenreich shares Sontag’s distaste for the metaphors used to describe cancer. It was the community response to Ehrenreich’s “sappy pink ribbons” comment that showed that this distaste is not shared by a majority (50). For her distaste, Ehrenreich earns comments that do nothing to validate her personal experience. Instead she is labeled as bitter and angry, words that do not fit with the image of the pink ribbon. What that pink ribbon represents is femininity and a dainty, emotional characterization women earn by being associated with the color from birth. She goes as far as to say, “femininity is death” (Ehrenreich 43). Pink does not connote anger or bitterness.

Ehrenreich is encapsulated by the metaphorical meaning behind a color, something that Sontag would agree does not help in recovering from an illness. But the pink image has become a part of consumer culture at this point, becoming a selling point for companies who claim to donate a portion of their profit from their pink-ribbon endorsed merchandise. Where verbal

metaphors have not been used, they have been replaced by physical images that work to entice human consumerist behavior. Even if the metaphors disappear from the diagnosis, they have become heavily entrenched in marketing. The advertisements appear in the very magazines in screening rooms for patients to immediately consider (Ehrenreich 43). Consumer culture together with the subliminal, unrelenting advertising are here to stay.

The verbal use metaphors could fade, but the meaning will still lie behind the pink ribbon image plastered across products every October (Breast Cancer Awareness Month). Even as Ehrenreich agrees with Sontag in terms of removing these symbols that have become more marketing opportunities than anything else, she even finds the doctor's use of plain English dehumanizing. Ehrenreich is equated with cancer upon diagnosis and is then surrounded with cash grabs that want to capitalize on her self-loathing by selling her things to remind her of the very thing she cannot change. The pink ribbon wielding teddy bear will not help eradicate the cancer. It will not make the physical effects of chemotherapy less severe. That bear was mass produced in a massive factory on a line with thousands of identical bears. There is nothing special about the cheap plastic filling or the generic bear face plastic pieces. The factory workers iron on a pink ribbon. The manufacturer sells the bears wholesale to gift shops, online stores, and drug stores in massive quantities, who in turn hike up the price to turn a profit and then potentially donate a portion of the sales or not. Sontag did not acknowledge what the metaphors and in Ehrenreich's case the visual representation of said metaphors masked. Getting sick has turned into a

massive sales opportunity. Metaphors provide comfort in a harsh society fixated on capitalizing on human suffering. Metaphors in medicine are not there to actively work against the patient. They are present to work to comfort and explain the prognosis to the patient at times meant to motivate them to not waver or forgo treatment. This is ethically positive. The doctor-patient relationship is based on a want on behalf of the medical professional to be able to provide a service that helps the client.

At the same time, this ethical cause is also an opportunity for financial gain on behalf of the hospital said doctor is employed by. After all hospitals can only operate if they have money. To have money, they have to earn it by charging for the necessary life-saving services they provide. When patients do not have the money for the treatment they need they will turn to donors, who in turn support 'cults' such as the pink ribbon one which in turn increases profit for other businesses. Then it turns into a question of supply and demand on the part of the sellers of these products as opposed to being about what the symbol on their products means. In larger cities where hospitals are competing against each other for clients the use of metaphors could be implemented to score more points on arbitrary rating scales online as they provide potential emotional support while masking the marketing spiel doctors are hiding in their diagnosis to convince patients to choose their employer over another hospital. Sontag's encouragement to remove the metaphors would only work to make people feel dehumanized and completely objectified in their vulnerable state. Especially when patients do not have the medical background knowledge to actively engage with their



doctor about their diagnosis in a meaningful way, doctors need the metaphors to act as a crutch to bridge the gap in understanding to benefit their employer financially, but also fulfill their ethical duty to provide “care”. It is in the best interest of the medical world to continue the use of the metaphors until a better veiling method is found to hide the fact that hospitals, among other businesses are profiting off of human suffering.