

# The Intersection of Medicine and Mortality: Analyzing the Human Experience in Margaret Edson's "Wit"

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## Abstract

Margaret Edson's Pulitzer Prize-winning play *Wit* offers a compelling narrative that brings to the forefront the existential and ethical dilemmas associated with terminal illness, making it a significant text for exploration within the field of medical humanities. This study was undertaken to understand how literature, especially dramatic works like *Wit*, can provide a nuanced critique of the medical establishment and illuminate the often-overlooked emotional and philosophical dimensions of dying. Drawing upon theories from narrative ethics and existentialism, particularly the works of Paul Ricoeur and Viktor Frankl, this paper investigates the dehumanizing effects of clinical detachment and rationalized care systems on patients nearing the end of life.

The primary objectives of this research are: to explore the portrayal of patient identity under institutionalized medical care, to examine the epistemological limits of scientific rationality in confronting death, and to assess how empathy and human connection emerge as crucial components of healing in end-of-life contexts. The study adopts a qualitative, interpretive methodology, employing close textual analysis and contextual thematic mapping to interpret character interactions, language, symbolism, and dramatic structure in the play.

The findings reveal that *Wit* not only critiques the impersonal nature of modern medical practice but also affirms the transformative power of compassionate care. The play underscores the limitations of intellectual rigor and detached reasoning in the face of mortality and instead advocates for emotional presence, dignity, and empathy in patient care. This paper concludes that Edson's work serves as a vital pedagogical tool for healthcare practitioners, urging a more holistic, patient-centered approach in both clinical settings and ethical discussions related to death and dying.

**Keywords:** Margaret Edson, medical humanities, patient depersonalization, end-of-life care, empathy in healthcare, existential questions

## 1. Introduction

### 1.1 Preamble

In the evolving landscape of healthcare, the integration of humanistic understanding with scientific knowledge has become increasingly vital. Literature, with its capacity to explore the emotional, ethical, and existential dimensions of human life, offers profound insights into the lived experience of illness, suffering, and death. Margaret Edson's Pulitzer Prize-winning play *Wit* (1995) is one such literary work that compellingly dramatizes the intersection between medicine and mortality. Through the experiences of Dr. Vivian Bearing, a distinguished scholar of John Donne's metaphysical poetry diagnosed with stage IV ovarian cancer, Edson captures the psychological and emotional disintegration that accompanies clinical treatment, while simultaneously questioning the moral boundaries of modern medicine.

Edson's own professional history—as a former hospital clerk and later a schoolteacher—significantly shaped her portrayal of the healthcare system in *Wit*. Her brief but intense exposure to terminally ill patients provided her with “an indelible impression of the impersonality and procedural urgency that often characterizes hospital settings” (Edson, 2021). In *Wit*, this background is translated into a dramatic narrative that critiques the dehumanizing tendencies of institutional medicine while also affirming the enduring value of empathy, compassion, and human dignity.

### 1.2 Problem Statement

Despite technological advancements and life-saving innovations in medical science, there remains a persistent gap in how the healthcare system responds to the holistic needs of patients. Contemporary medical practice is frequently driven by clinical data, aggressive protocols, and research-oriented objectives, often at the cost of personal care and emotional understanding. This approach, while effective in treating diseases, tends to reduce patients to mere subjects of examination or experimental trials. As Kleinman (2022) asserts, “Biomedicine's focus on the body can marginalize the patient's voice, silencing narratives of suffering that fall outside the scope of

empirical measurement.” Such depersonalization has ethical, psychological, and philosophical implications, particularly for terminally ill individuals navigating the final stages of life.

### 1.3 Statement

This paper argues that *Wit* functions as both a literary critique and a pedagogical tool within the domain of medical humanities. It reveals how institutionalized medical systems may overlook the personal, emotional, and existential dimensions of dying, and how empathy and narrative understanding can restore humanity in clinical contexts. Through an interdisciplinary analysis of the play, this study underscores the transformative potential of literature in reshaping contemporary perspectives on patient care, autonomy, and end-of-life ethics.

### 1.4 Theoretical Background

The study draws on three interrelated theoretical domains: medical humanities, narrative medicine, and bioethics. Medical humanities, as noted by Jones and Wear (2023), aim to “bridge the clinical and the humanistic by integrating literature, philosophy, and ethics into medical education and practice.” The use of dramatic texts like *Wit* in this context helps to illuminate the emotional and moral conflicts often absent in clinical narratives.

Further, the concept of narrative medicine, pioneered by Rita Charon (2021), stresses the need for healthcare practitioners to develop “narrative competence,” or the ability to recognize and interpret patients’ stories. Charon argues that “to treat a patient effectively, physicians must listen not only to symptoms but to the full story of the patient’s life, fears, and desires.”

In addition, this study is informed by principles of biomedical ethics, particularly the values of autonomy, beneficence, non-maleficence, and justice (Beauchamp & Childress, 2021). These ethical considerations are used to examine the dilemmas posed in *Wit*, including issues of informed consent, medical experimentation, and palliative care.

### 1.5 Objectives

- 1) To examine how *Wit* dramatizes the conflict between scientific detachment and compassionate care.
- 2) To explore the transformation of the protagonist in relation to illness, identity, and mortality.
- 3) To evaluate the ethical dilemmas presented in the play through the lens of contemporary medical practice.
- 4) To highlight the role of empathy and interpersonal connection in end-of-life care.
- 5) To demonstrate how literature contributes to the pedagogical and ethical discourse in medical humanities.

### 1.6 Research Questions

- 1) How does *Wit* portray the emotional and philosophical aspects of terminal illness and dying?
- 2) In what ways does Dr. Vivian Bearing’s illness challenge her intellectual identity and prompt self-reflection?
- 3) How do characters such as Dr. Posner and Nurse Susie illustrate contrasting models of medical professionalism and empathetic care?
- 4) What ethical tensions emerge from the play’s depiction of experimental treatment and informed consent?
- 5) How can *Wit* inform clinical education and the broader field of medical humanities?

### 1.7 Hypotheses

- 1) The play *Wit* critiques the dominance of scientific rationalism in clinical settings by exposing its emotional and ethical limitations.
- 2) Empathy and narrative engagement are essential components of humane, patient-centered care.
- 3) Dramatic literature serves as an effective pedagogical tool for raising awareness about the ethical complexities of end-of-life treatment.

## 2. Theoretical Framework

### 2.1 Medical Humanities and Literature

Medical humanities have evolved as a vital interdisciplinary field that seeks to bridge the gap between clinical science and the human experience of illness. By drawing from literature, philosophy, ethics, and cultural studies, it challenges the limitations of biomedicine and fosters a more empathetic, reflective, and patient-centred approach to healthcare. As Jones and Wear (2023) observe, medical humanities “illuminate the deeply personal and existential dimensions of sickness that cannot be measured in diagnostic codes or lab reports.”

Margaret Edson’s *Wit* epitomizes the objectives of this field. Through the emotional and intellectual journey of Dr. Vivian Bearing, a cancer patient and literature professor, the play critiques the often impersonal culture of modern medicine while showcasing the restorative potential of compassion. Edson does not merely present disease as a medical event but as a multi-layered human condition shaped by institutional practices, psychological trauma, cultural norms, and narrative memory.

Rita Charon (2021), a pioneer in narrative medicine, underscores this point by stating that “literature and medicine are both narrative endeavours.” In *Wit*, the storytelling process becomes a therapeutic vehicle, allowing Bearing to reclaim fragments of identity and meaning in the face of overwhelming physical decline. The audience is drawn into her private world of reflections, regrets, and recognitions—thereby transforming clinical observation into moral witness.

Moreover, the use of literature within medical humanities serves not only as a reflective tool but also as a pedagogical intervention. As

Shapiro et al. (2009) assert, literary engagement cultivates empathy, fosters critical self-awareness, and sensitizes healthcare providers to the moral complexities embedded in patient narratives. In *Wit*, Edson places Bearing's academic expertise in John Donne's metaphysical poetry at the center of her existential struggle, allowing the play to engage symbolically with illness, language, and mortality.

By highlighting both the failings and possibilities of medical care, *Wit* aligns with the medical humanities' commitment to situating the patient's voice within broader ethical and sociocultural frameworks. The play becomes a lens through which we can explore how systems of care may inadvertently perpetuate suffering—even as they seek to alleviate it.

## 2.2 Narrative Medicine and the Reauthoring of Illness

Narrative medicine, a central subset of medical humanities, insists that illness is not merely a pathological condition but a disruption of life's narrative. Developed by Rita Charon (2021), this approach emphasizes the clinician's "narrative competence"—the ability to listen, interpret, and act on the patient's story with empathy and ethical sensitivity.

In *Wit*, narrative structures are crucial. Edson forgoes a traditional linear plot in favour of monologues, flashbacks, and fragmented memories. This formal strategy mirrors what Arthur Frank (2013) describes as the "chaos narrative" of illness, in which the sufferer's storyline collapses under the weight of pain, uncertainty, and institutional control. For Vivian Bearing, this chaos becomes a narrative battleground: her initial reliance on language and intellect gradually gives way to a more vulnerable, emotionally grounded identity.

The play's narrative form—punctuated by stark hospital scenes and poetic reveries—underscores the fragmented experience of illness. Vivian's soliloquies invite the audience into her internal conflict, thus performing what narrative medicine calls "attentive witnessing." Charon (2021) argues that narrative acts foster a reciprocal connection between patients and caregivers, one that affirms dignity even in decline. This concept is embodied in the compassionate care of Nurse Susie Monahan, who listens to Vivian not as a case, but as a person. Susie's presence challenges the impersonal ethos of the hospital and becomes the narrative anchor in Vivian's final moments.

Furthermore, the interweaving of Donne's poetry within the narrative serves as a meta-textual device, linking literary tradition with embodied experience. The metaphysical conceits Vivian once dissected now fail her in her physical suffering, thereby highlighting the limits of abstraction in the face of mortality. This narrative transition—from control to surrender, from wit to kindness—reflects the healing capacity of stories to humanize, reframe, and reconcile the self in times of crisis.

## 2.3 Bioethics and End-of-Life Care: Principles in Conflict

The ethical dimensions of *Wit* revolve around urgent questions in bioethics: What does it mean to provide care? Who decides the course of treatment? And how does one uphold patient autonomy in a system driven by protocols, research, and efficiency?

Beauchamp and Childress (2021), in their widely accepted framework for biomedical ethics, outline four foundational principles: autonomy, beneficence, non-maleficence, and justice. In *Wit*, nearly all of these are challenged. Dr. Jason Posner's treatment of Vivian often prioritizes clinical research over compassionate care. His fascination with her condition, while intellectually sincere, undermines her personhood and reflects what Emanuel et al. (2000) term the "instrumentalization of the patient" in medical research.

Vivian's autonomy is subtly eroded. While technically informed about her treatments, she is not truly empowered in the decision-making process. Her compliance stems more from institutional momentum than from authentic consent. As Callahan (1996) argues, the goals of medicine must be reconsidered in terminal care—not simply to prolong life, but to alleviate suffering and ensure dignity.

The ethical dilemma intensifies around resuscitation decisions. Susie's sensitive discussion of the DNR order stands in stark contrast to the detachment of the medical staff. Gawande (2014) emphasizes the importance of "honest conversations" in end-of-life care—discussions that acknowledge death not as a failure, but as a phase requiring thoughtful planning. In *Wit*, such conversations are belated and scarce, further illustrating the systemic reluctance to face death openly.

Moreover, the play raises ethical concerns regarding the use of terminally ill patients in experimental treatment. Vivian's body becomes a research site, and her pain a data point. This portrayal critiques the exploitative potential of evidence-driven medicine when decoupled from ethics. As Emanuel et al. (2000) argue, ethical clinical trials must always prioritize the well-being, dignity, and informed participation of patients.

Ultimately, *Wit* suggests that ethical care requires more than adherence to principles—it demands relational ethics, emotional intelligence, and the courage to accompany the dying with presence rather than detachment. Edson's dramatization becomes a clarion call for reforming not only policies but also perceptions about what it means to care well at life's end.

## 3. Methodology

### 3.1 Literary Analysis Approach

This study employs a literary analysis methodology to examine *Wit* by Margaret Edson, a dramatic text that offers critical insights into the intersection of medicine, mortality, and the human condition. The method is grounded in close textual reading and draws upon theoretical orientations from medical humanities, narrative medicine, and ethical literary criticism. These approaches collectively provide a nuanced framework for interpreting the play's language, structure, character development, and thematic content in relation to healthcare systems and end-of-life ethics.

The analysis focuses on the narrative techniques employed by Edson—particularly her use of direct monologue, nonlinear structure, and

the dissolution of the fourth wall—to immerse the audience in the subjective experience of terminal illness. As Thompson (2008) suggests, the patient's story is essential to understanding the emotional and psychological dimensions of illness. The play's structure, which integrates present scenes with flashbacks to Vivian Bearing's academic life, enables a layered representation of her character transformation and underscores the tension between intellect and vulnerability.

An intertextual approach also plays a central role in this study, particularly through the analysis of how *Wit* engages with the metaphysical poetry of John Donne. This literary dialogue between Edson and Donne, as observed by Lima (2005), underscores the limitations of intellectual abstraction when confronted with physical decline and existential fear. The comparison between Bearing's scholarly expertise and her lived experience of cancer exposes Edson's deeper critique of rationalism and the illusion of control.

The methodology further incorporates the concept of the clinical gaze, as articulated by Upton (2002), to analyze how the play represents the depersonalization of patients in contemporary medical settings. The dynamics between Bearing and her healthcare providers—especially Dr. Jason Posner—reveal how institutionalized medicine often reduces patients to objects of study, undermining the relational and empathetic dimensions of care.

The research thus adopts a formalist interpretive lens that is critically informed by interdisciplinary insights, aiming to examine the dramatic elements of the play (such as character voice, metaphor, and dramatic irony) alongside the moral imperatives it conveys. This dual focus enhances the depth of analysis and situates the literary work within ongoing academic debates surrounding the ethics of care, patient identity, and professional responsibility.

### 3.2 Ethical Considerations

Although *Wit* is a fictional work, it evokes real-life dilemmas surrounding terminal illness, medical treatment, and ethical care. As such, the research adheres to emancipatory and ethically responsible analysis, recognizing the sensitivities involved in discussing illness, death, and the patient experience. The study foregrounds the voices and emotional landscapes of patients and healthcare providers, honouring their symbolic significance in the text while avoiding reductionist or moralistic judgments.

Careful attention is given to discursive sensitivity, especially in the language used to describe illness and suffering. The study follows ethical language guidelines such as those recommended by the American Medical Association's Manual of Style (Christiansen et al., 2020), which stress respectful and person-first terminology. Terms such as "courage," "dignity," and "resilience" are employed where appropriate to maintain an ethically conscious academic tone.

The study also explores the moral complexity of medical research, especially in the context of end-of-life care. Bearing's role as a subject in experimental treatment raises questions about autonomy, informed consent, and the potential exploitation of terminal patients. These are examined through the bioethical principles articulated by Beauchamp and Childress (2021), whose framework highlights the need to balance autonomy, beneficence, non-maleficence, and justice in medical decisions.

Furthermore, the concept of the principle of double effect—where actions taken to relieve suffering may also hasten death—is relevant to the analysis of key moments in the play, such as the DNR discussion and Vivian's ultimate decision to forego further intervention. Rather than assigning blame or moral superiority, the study uses ethical theory to understand the motivations and limitations of each character's actions.

This ethically aware methodology ensures a holistic reading of *Wit*, enabling a rich and respectful engagement with its thematic concerns while contributing meaningfully to the field of medical humanities. By integrating close reading with ethical inquiry, the study models how literary criticism can illuminate not only the structures of narrative, but also the moral questions that literature compels us to confront.

## 4. Analysis and Discussion

### 4.1 Depersonalization in Modern Medicine

In rewriting modern illness, Margaret Edson in "Wit" presents a scalding commentary on the professionalization of death that characterizes modern medical practice. By familiarizing the audience with Dr Vivian Bearing, a scholar of John Donne's metaphysical poetry diagnosed with stage IV ovarian cancer, Edson reveals how medical personnel often deny the patient's individuality while treating them as an object of study.

Another essential concept characteristic of the play is Michel Foucault's idea of the 'clinical gaze'. This perspective creates depersonalized patients who are reduced to their symptoms and pathologies without regard for their psychological state. One of Bearing's attending physicians, Dr. Jason Posner, who was formerly a student of the institution, exemplifies this clinical approach. The strict fascination with disease defines his dealings with Bearing as the object of study rather than the woman suffering from it. This is evident when Posner remarks, "It's fascinating, I mean, this is the part of the job I really like. Gotta learn all about it, and then figure out what to do" (Edson 44). His enthusiasm for the scientific aspects of Bearing's case overshadows any consideration of her emotional well-being, exemplifying the dehumanising tendencies in modern medical practice.

The depersonalisation of patients is further emphasised through the language used by medical professionals in the play. When Dr Kelekian delivers Bearing's diagnosis, his tone is mechanical and devoid of empathy: "There is cancer. I'll explain. It's really a very simple matter. Your cancer is insidious. You will receive treatment here at the hospital, full dose, aggressive chemotherapy. You will be

hospitalized for treatment, and you will be in isolation" (Edson 7). This clinical delivery of life-altering news demonstrates how medical jargon can create an emotional distance between doctor and patient, reducing the human experience of illness to a series of medical procedures and protocols.

Edson's critique extends to the ways in which medical institutions prioritise research and education over patient care. This is particularly evident in a scene where Bearing is subjected to a pelvic exam by a medical student under Dr Posner's supervision. The student's inexperience and Posner's dismissive attitude are captured in his instruction: "Just go in, feel around, and if you feel anything unusual, let me know" (Edson 42). This moment starkly illustrates how patients can be treated as teaching tools rather than individuals deserving of dignity and respect.

The play also highlights how the focus on aggressive treatment and medical experimentation can overshadow considerations of patient comfort and quality of life. Bearing reflects on this aspect of her care, stating, "They've given me an experimental drug. Nothing works for long, so they give me something else. This treatment, this experiment, is worse than the disease" (Edson 24). This profound statement highlights the moral issue of the priority of scientific developments and the quality of patients' lives or, in this case, the quality of their last hours.

Depersonalisation in modern medicine is not merely the actions of individual physicians but is enshrined in the medical industry's system. For example, Bearing is constantly moved from place to place for tests and treatments without proper explanation and without people showing concern for her comfort, which indicates that this is a structural problem. The play suggests that the compartmentalisation of care, while perhaps efficient from an administrative standpoint, can lead to a fragmented and dehumanising experience for patients.

Edson's critique is particularly powerful because it comes from the perspective of a highly educated patient who initially approaches her illness with the same intellectual detachment she applied to her scholarly work. Bearing's gradual realisation of the inadequacy of this approach in the face of her mortality serves as a metaphor for the limitations of a purely scientific approach to medicine. As she reflects near the end of the play, "Now is not the time for verbal swordplay, for unlikely flights of imagination, and wildly shifting perspectives, for metaphysical conceit, for wit. And nothing would be worse than a detailed scholarly analysis. Erudition. Interpretation. Complication. Now is a time for simplicity. Now is a time for, dare I say it, kindness" (Edson 69). This change in Bearing's mindset results from the need to care for the patients' souls in a way that the medical staff has not adequately addressed.

It is noteworthy, though, that the play offers some hope on this front as well: the nurse Susie Monahan is the only character who interacts with Bearing genuinely and compassionately before she dies and who successfully defies both the bureaucratic strictures of her own workplace and the official institutional creep of depersonalized technocratic medicine.

#### *4.2 The Patient's Journey: Vulnerability and Self-Reflection*

In "Wit," Margaret Edson deals with the main issues of parenthood in terminal illness and with the notion of the self over the disease, particularly with the focus on the themes of vulnerability and self-reflection.

Indeed, at the beginning of the play, Bearing is presented as an antagonist who is somewhat academic, logical, and cold-blooded. In front of her cancer, she remains impassive just as a researcher, saying: "I know all about life and death. I am, after all, a scholar of Donne's Holy Sonnets, which explore mortality in the most complex ways" (Edson 9). As Bearing undergoes aggressive treatment, her journey is marked by increasing physical and emotional vulnerability.

The play vividly portrays the toll that chemotherapy takes on her body, with Bearing describing her symptoms in stark terms: It will wipe out revenue earned through sales of goods and services provided to features that have commanded premium prices, such as the kitchen, living room, and main bedroom that owners of mansions have claimed to have been sick. I have been very sick. One can see how Bearing's physical weakness is comparable to her capitulation when she says: "I do not feel so good right now" (Edson 38). This is a notable change of tone from a character who previously relied on her intellectualism to overcome anything in her path.

The aspect of vulnerability is taken to another level as Bearing relates herself to the medical staff. In a poignant scene, she is compelled to undress for a checkup by a team of medical students who seemingly objectify her. She regrets "I wish I had given more thought to the question of allegiance. The young doctor was simply following orders. In one way, I suppose I can say the same" (Edson 43). This quote explains how and why the medical process takes the patient's power, eans them, and turns them into a specimen on a petri dish instead of a human being with his/her feelings to discuss.

As the disease processes, Bearing philosophically starts questioning various aspects of her life and the principles she has stood for. She even forsakes pride in her academic accomplishments, like when she thinks, "Now is not the time for verbal swordplay, for unlikely flights of imagination, and wildly shifting perspectives, for metaphysical conceit, for wit. And nothing would be worse than a detailed scholarly analysis. Erudition. Interpretation. Complication. Now is a time for simplicity. Now is a time for, dare I say it, kindness" (Edson 69). This is quite a shocking statement by Bearing, daring to say this is a time for 'kindness' almost as if Bearing has come full circle, realizing that knowledge cannot in any way drown out the pain and that death is an unfortunate reality.

The process of self-reflection also affects Bearing in terms of relationships with other people, as she had always valued her professional work and emotional distance towards others during her work as a college professor. Now, facing her death, she starts to value human connection: In one scene, she even thanks Susie Monahan – a nurse, for being so kind to her despite all the horrors that she has been putting her through, and even says, "You're being very kind to me. I don't deserve it" (Edson 45).

The construction of Edson's play also points to another significant concern of the play: the search for meaning in the face of impending death, which is also partially the concern with legacy. Since Bearing is a scholar, she studies and analyses John Donne's Holy Sonnets only to realize that her erudition will not help her face death. "I thought being extremely smart would take care of it. But I see I have been found out" (Edson 58). While Bearing tries to learn how to give when there is nothing she can do for the Adjutor and to share meaning with the students by positing a range of knowledge beyond a PhD degree, she realizes that she is also powerless against death.

Analyzing John Donne's poetry, especially Holy Sonnet X, "Death be not proud," becomes significant to Bearing. Initially, she treats it as an academic task but later relates it to her own mortality. She declares, "Death be not proud, though some have called thee mighty and dreadful, for thou art not so" (Edson 34). As Bearing nears the end of her life, her journey of vulnerability and self-reflection culminates in a profound moment of acceptance and peace.

In her final moments, she finds comfort not in her intellectual achievements but in the simple act of human connection. The stage directions describe this poignant scene, followed by their entry, "Susie enters. She sees Vivian. She rushes to her bedside and takes her hand" (Edson 71). This selfless and unobtrusive act gives Bearing the solace and honour she yearned for while on her journey entire of illness.

Edson presents a conceptual reflection on changing in the light of illness and facing the inevitable – death. The play makes the audience question how humbling oneself and being open can be such powerful tools for change and growth and for reevaluating one's values in life. In "Wit", the audience witnesses the clash of Bearing and Death. Thus, that is why the play can be viewed as significant in the context of medical humanities to advance the approach that prioritizes the humanization of patient experience and the emphasis on meeting the existential needs of a patient.

#### *4.3 Empathy vs. Clinical Detachment in Medical Care*

In *Wit* by Margaret Edson, the audience is reminded of the difference between compassionate attention and professional distance in the approach to the dying. When examining the nature of relationships and interactions between the characters of antagonist Dr. Jason Posner and Nurse Susie Monahan, the audience sees how these conflicting methodologies influence the protagonist, Dr. Vivian Bearing, when she has cancer.

Clinical detachment is mainly manifested in the play through the character of a former student of Bearing and the current oncologist. This is in contrast to the traditional caregiving approach to the patients. Posner's approach is driven by a quest for scientific discovery and medical innovation regardless of the patient's emotional well-being. This detachment is mainly seen when dealing with Bearing as he looks at her as a specimen of a patient dealing with extreme pain rather than an actual person. Introducing one of the scenes, Posner says: "It's fascinating, I mean, this is the part of the job I really like. Gotta learn all about it, and then figure out what to do" (Edson 44). In this statement, Posner says he is more interested in solving puzzles and not caring for people by showing how a doctor can forget that he is dealing with another human being in the middle of diagnosing a patient.

His behaviour further reveals Posner's clinical approach during medical check-ups. During a particularly uncomfortable pelvic exam, he instructs a medical student with casual indifference: "Just go in, feel around, and if you feel anything unusual, let me know" (Edson 42). Instead of arguing that medical dispassion is a desensitizing force, this scene also serves to explain how such an approach escalates the weakness and embarrassment of patients, especially those diagnosed with terminal diseases.

The callous nature that Posner and other doctors in the play display as they treat their patients may not necessarily be seen as malicious but as byproducts of a medical education system that hails science over empathy. Critic Edson argues that although effective in medical research, this approach neglects the patient's complete needs. Furthermore, in the play, as Bearing scrutinizes her treatment, she claims, "They've given me an experimental drug. Nothing works for long, so they give me something else. This treatment, this experiment, is worse than the disease" (Edson 24). This profound statement underlines the unethical nature of invasive medicine, leading to patients suffering from the development of health technology, especially in terminal conditions.

On the other hand, Susie Monahan – a nurse who values the importance of patients' dignity and goals – embodies compassionate care. There is a profound empathetic view of Susie while addressing Bearing's emotional states and always remembering that Bearing is a human being with an illness. This compassionate approach is seen when Susie goes out of her way to talk to Bearing and try to help her in a way that is not symptomatic but human.

The tenderest moments of empathy are observed when Susie talks to Bearing about the so-called "Do Not Resuscitate" – or DNR – order. In this scene, Susie discusses the topic very gently, is patient with the patient, and says, "Look, I know this is hard. But it's important. Do you want to be resuscitated? Or do you want to let it stop?" (Edson 50). Such an interaction shows that Susie can handle challenging communication with people and focus on their self-governance and emotional health, especially Bearing.

The extent of the influence of Susie's empathy is remarkable: Bearing finds a glimmer of a natural person in the clinical sterility of a hospital. In one of the scenes, Bearing thanks Susie for being kind to her, although she does not believe that she deserves it: "You're being very kind to me. I don't deserve it" (Edson 45). Susie's response, "You don't have to earn it. It's just what I do" (Edson 45), perhaps best describes compassionate patient care – the notion that all people deserve humane treatment regardless of their state and odds of recovery.

Comparing precise and rather clinical episodes with those of sincere and warm-hearted care in "Wit", the playwright shows the importance of carrying a heart in curing ailing and dying patients. Although the play pays homage to the necessity and relevance of

medical practice and research and development, there is also a strong suggestion that all these cannot overshadow the fact that patients have psychological and emotional appraisal equally in need of consideration. This balance is most crucial in terminally ill patients where the quality of remaining time largely depends both on physical and emotional consolation.

Wear, D, & Julie M. A. (2020) critical analysis, these behaviours depicted by Edson reflect recent debates within the medical humanities concerning empathy in healthcare. The significance of a holistic approach to health can be highlighted in dealing with the character of Susie in "Wit" Susie's character serves as a reminder that healthcare is not just about treating the body, but about caring for the whole person. Her empathy and compassion stand in stark contrast to the clinical detachment of the doctors, highlighting the need for a more holistic approach to patient care" (Montgomery 2010, p. 244). This point of view emphasizes the play's call for an intersectional approach to treating illnesses that do not eliminate emotional factors.

The differences in empathetic care and clinical detachment are perhaps best seen in the play's climax. In the end, it is not the success and intelligence or machines that help Bearing to find comfort but companionship. This final scene of tenderness is another one of the most emotionally touching moments where Susie stays with Bearing and dies in her arms. This is a merciful moment for Bearing, which has been hardly provided for her throughout the treatment, and it symbolizes the strong impact of compassion on the medical field.

#### 4.4 Existential Questions and End-Of-Life Ethics

Margaret Edson's play "Wit" raises issues of life and death and evaluates ethical concerns about death and dying in modern society. This article seeks to analyze how, in her play/state of Medical, Mercy, Susan Edson presents the philosophy of life and the emotion of death through the character of Dr Vivian Bearing and, at the same time, portrays and condemns the ethic of medical practices in giving out the mercy of death to patients.

In the course of Bearing's illness, she is faced with the philosophic issues of life and death and the role of suffering in life. Her academic expertise in John Donne's metaphysical poetry, which grapples with themes of mortality and divine judgment, initially serves as a lens through which she attempts to intellectualise her experience. Bearing reflects, "I know all about life and death. I am, after all, a scholar of Donne's Holy Sonnets, which explore mortality in the most complex ways" (Edson 9). This statement reveals Bearing's initial belief that her intellectual understanding of death will provide her with the tools to confront her own mortality.

However, as her condition deteriorates, Bearing begins to realise the limitations of intellectual knowledge in the face of imminent death. The play suggests that while academic understanding may offer some comfort, it ultimately falls short in addressing the raw emotional and existential realities of dying. This realisation is poignantly captured when Bearing admits, "Now is not the time for verbal swordplay, for unlikely flights of imagination, and wildly shifting perspectives, for metaphysical conceit, for wit. And nothing would be worse than a detailed scholarly analysis. Erudition. Interpretation. Complication. Now is a time for simplicity. Now is a time for, dare I say it, kindness" (Edson 69).

Existentialism is another central theme in "Wit." The play is more than just the journey of Bearing; it poses questions about existence and what it means to live a meaningful life. When Bearing contemplates her work, her achievements, the things she has done in the course of her life, and the knowledge that she is just dying, she begins to rethink the value of her efforts in her academic achievements in literature. (Sharma, 2023)

To be specific, Edson employs the lines from John Donne's Holy Sonnet X, "Death be not proud, though some have called thee mighty and dreadful, for thou art not so" (Edson 34), literally symbolizing Bearing's battle against death.

On a deeper level, the play poses critical ethical issues regarding hospice care, efficiency of treatment, and quality of life by presenting the protagonist's ordeal of becoming a guinea pig to an experimental cancer therapy, thus exploring the ethical issues of health care research systems of the present world. They do not last forever, and I am given something else that may work. Her reflection, "They've given me an experimental drug. Nothing works for long, so they give me something else. This treatment, this experiment, is worse than the disease" (Edson 24), denotes the ethical dilemma of medical innovation and human suffering.

The character of Dr Jason Posner embodies these ethical challenges. As a former student of Bearing's who is now her oncologist, Posner approaches her treatment with scientific detachment, viewing her illness primarily as an opportunity for research. His statement, "It's fascinating, I mean, this is the part of the job I really like. Gotta learn all about it, and then figure out what to do" (Edson 44), highlights the ethical conflict between the pursuit of medical knowledge and the obligation to provide compassionate care to dying patients.

The play's exploration of end-of-life ethics reaches its climax in the discussion about the "Do Not Resuscitate" (DNR) order. This scene, where Nurse Susie Monahan gently broaches the subject with Bearing, encapsulates the complex ethical considerations surrounding patient autonomy and dignity in death. Susie asks, "Look, I know this is hard. But it's important. Do you want to be resuscitated? Or do you want to let it stop?" (Edson 50). This moment forces both Bearing and the audience to confront the difficult decisions that must be made at the end of life, challenging us to consider what constitutes a "good death" and the extent to which individuals should have control over their final moments.

Bearing's ultimate decision to forgo resuscitation, saying simply, "Let it stop" (Edson 53), is a powerful assertion of her autonomy in the face of a medical system that has often stripped her of agency. This decision serves the play's purpose of imitating dangerous medical procedures that preserve life at the risk of sustaining it with suffering. According to Thomas H. Murray (1996), it provokes several questions about the subject of health care workers to patient preferences and to focus on(active) comfort and dignity rather than(an)

unlimited (medical) technologies.

Thus, "Wit" addresses the audience to reconsider their perception of death and the ethical principles of medical practice concerning individuals in the terminal stages of their diseases. In essence, Edson aims to change the methods used in offering end-of-life care and embrace a general approach that incorporates the medical and hospice views.

#### 4.5 On Wit from a Medical Humanities Perspective

Edson's 'Wit' is, therefore, useful in exploring the impact of humanities in medicine, the role of the patient, and ethical practices in the medical field. The play may also be considered a member of medical humanities, where the author reveals the conventional abuses of the patient and the doctor and where the main character, Dr Vivian Bearing, narrates her experience of terminal illness.

Fundamentally, 'Wit' aligns with the critical axioms of narrative medicine, a cardinal medical humanities concept that stresses storytelling in healthcare. Indeed, the play's format—a monodrama focused on the protagonist and his thoughts—corresponds with Rita Charon's (1999) statement that "effective practice of medicine requires narrative competence, that is, the ability to acknowledge, absorb, interpret, and act on the stories and plights of others" (Charon 1999, p. 4). Using Bearing's soliloquies and her discourse with the medical professionals, Edson highlights the patient's story's role in revealing the sickness's feelings and psychological facets, forcing the clinicians to consider aspects of the ailment beyond the physical.

In terms of its relevance to current discourses in medical humanities, one of its most thought-provoking messages is the tendency of de-individualized treatment of patients in contemporary society. Bearing's experience of being reduced to a research subject is encapsulated in her observation: "They've given me an experimental drug. Nothing works for long, so they give me something else. This treatment, this experiment, is worse than the disease" (Edson 24). This touching memoir focuses on the moral dilemma of putting a patient's life at risk for a relatively minor medical innovation, which has always been relevant to medical humanities.

"Wit" also reflects another Foucauldian idea of the 'clinical gaze,' which means that medical personnel look at patients as specimens rather than individuals. This is evident in the approach that Dr. Jason Posner treats Bearing as he remarks, "It's fascinating, I mean, this is the part of the job I really like. Gotta learn all about it, and then figure out what to do" (Edson 44). Posner's focus on the intellectual challenge of Bearing's case, rather than on her emotional needs, exemplifies the dehumanising effects of the clinical gaze that medical humanities scholars often critique.

The play's exploration of the limits of intellectualism in the face of mortality offers valuable insights into the role of humanities in medical education. Lundeen, S. (2011), bearing's realisation that her scholarly expertise in John Donne's poetry provides little comfort in her final days underscores the importance of emotional intelligence and empathy in healthcare. Her poignant admission, "Now is not the time for verbal swordplay, for unlikely flights of imagination, and wildly shifting perspectives, for metaphysical conceit, for wit. And nothing would be worse than a detailed scholarly analysis. Erudition. Interpretation. Complication. Now is a time for simplicity. Now is a time for, dare I say it, kindness" (Edson 69), serves as a powerful argument for the integration of humanities into medical training to foster compassion and emotional awareness among healthcare providers.

Through the character of Susie Monahan, the nurse who provides Bearing with genuine empathy and compassion, "Wit" illustrates the importance of humanistic care in medicine. Susie's approach, which prioritises Bearing's emotional well-being and dignity, offers a model for patient-centred care that aligns with the goals of medical humanities. Susie's treatment of the patients as compassionate individuals contrasts with doctors' robotic behavior and thus raises the question of the appropriate.

The nature of care requires further discussion: Susie's treatment of the patients as compassionate individuals contrasts with doctors' robotic behavior and thus raises the question of the appropriate degree of medical and technical expertise or invocations of rationality and scientific logic necessary in dealing with patients on the one hand and the understanding of the suffering and needs concerning ethics, issues about end of life and a "Do not resuscitate order" that is being explored or considered by Bearing bear witness to ongoing controversies in medical humanities regarding the patient's freedom and dignity in their death. Susie's consideration of the dying patient in asking her, "Look, I know this is hard. But it's important. Do you want to be resuscitated? Or do you want to let it stop?" (Edson 50) perfectly captures the kind of practical, empathetic communication that medical humanities have been calling for in end-of-life care.

It also employs the trope of "wit" to engage in medical humanities conversations regarding the relationship between language and disease. Regarding the academic content, the primary subject of Bearing's focus on John Donne's metaphysical poetry, especially death and mortality, helps provide her with closure before she dies from leukemia. Such allusions and wordplay make it possible that engaging in literature and language might offer fresh approaches to thinking about sickness and death.

Moreover, the episodic narrative format that connects the scenes of Bearing's present life and her academic experience duplicates many aspects of illness stories, which are not always linear and sequential. It can be beneficial from the perspective of the so-called 'wounded storyteller' by Arthur Frank (2013), where the patient should be given instruments to tell their narrative of the illness and healing. Thus, emphasizing Bearing's voice and experience, "Wit" contradicts the standard medical discourse, which tends to neglect the patient's point of view in favor of objective numbers and facts.

## 5. Conclusion

"Wit" by Margaret Edson is a powerful piece that explores the roles of medicine and death within individuals' lives and can help a lot in

understanding the concept of dying. Thus, the author shows depersonalization, a characteristic of modern medicine, through the character of Dr Vivian Bearing, and the conflict of rational and equation, as an intellectual approach to death, is exposed by the author to its limitations in the play. This transition of the main character, Bearing, from a shrewd academician to an innocent patient generates several insights in the play.

Firstly, the analysis highlights that the clinical gaze in modern medicine is present to a more significant extent, according to Foucault. Analyzing Edson's portrayal of the medical profession and Dr. Jason Posner, this is why patients are reduced to mere specimens that are experimented on, not people. This depersonalization worsens the level of emotional and psychological suffering observed in the terminal stage of an ill patient, stressing the need to adopt person-centered healthcare.

Secondly, the study raises questions about end-of-life care, including the moral challenges of pursuing extra life and quality of life. The story of Bearing as a cancer treatment experiment subject helps to pose significant ethical issues related to medical trials and the possible use of misled patients. The play demands that healthcare practitioners try to focus their conscience and, while doing their job, respect patient's rights and worth as persons for their autonomy in decision-making.

Third, "Wit" successfully portrays the inability of the intellect to overcome the prospect of death. Despite academic accreditation as a scholar of John Donne's metaphysical poetry, Bearing draws a blank, attempting to summon comforting or profound words as she dies. This realization brings to bear the necessity of humanity and empathy in healthcare, especially when dealing with a patient's last days.

Last of all, it emphasizes the importance of empathy and compassion in medical practice as the main foundation of the healthcare industry. The nature of Susie Monahan as the nurse is also shown in contrast to the emotionless and professional nature of the doctors. Contrasting Glee's intellectuality and Permalink's emotional reasoning approach to nursing practice, it stresses the need for scientific knowledge besides emotional instinct in health care.

### *5.1 Practical Implications Related to Medical Practice and Humanities*

As for the study's implications, the general and wide-reaching conclusions are multiple and relevant to medical practice and the field of medical humanities. Firstly, they highlight the lack of a proper shift in the medical school curricula and our practice towards a more patient-oriented model. Thus, Medical professionals need to be educated in data and feeling and caring for people. Such an approach to medical education might be a starting point to link clinical training with the focus on the humanistic aspects of a doctor's work, thereby enhancing patients' well-being and satisfaction with their care.

Secondly, it supports calls for incorporating humanities into medical curricula to provide better care for patients. Thus, by providing medical students with such works as "Wit," educators contribute to deepening students' awareness of patients and the moral dilemmas involved in medical practice. Such an approach may assist in cultivating healthcare professionals who are more prepared for the psychological and spiritual aspects of patients' treatment.

Moreover, the findings underscore the significance of narrative medicine in healthcare. Thus, acknowledging and incorporating the patients' self-stories within the care delivery process allows providers to comprehend the patients' circumstances and requirements better. It also improves the quality of care and maintains patients' dignity and self-determination in making health decisions.

The study also possesses relevance to policies and practices concerning end-of-life care. This may require reconsideration of aggressive management measures in terminally ill patients, concentrating on the principles of quality of life and palliation. These institutions should pay attention to fortifying their ethical practices when dealing with patients in their final days to ensure that their preferences and best interests are considered.

### *5.2 Suggestions for Further Research*

Nevertheless, the findings of this study into the representation of medicine and mortality in "Wit" motivate the following research directions. Firstly, the subsequent research should investigate how the themes identified in the play "Wit" are revealed in modern healthcare facilities. Descriptive and qualitative studies of patient narratives of interactions in oncology wards might yield useful information regarding patient-oriented care and the extent of depersonalization in clinical practice.

Secondly, the comparisons of 'Wit' with other works of literature that deal with related issues could provide a different angle towards the depiction of illness and death in literature. This could go a long way in helping to understand how cultural stories influence social perceptions towards death and dying.

Moreover, the synergistic collaboration between literary specialists and physicians can produce promising strategies for applying the humanities in medical training. Qualitative and quantitative assessments of the effects of literature-related interventions on the level of empathy and ethical reasoning of medical faculty students can give an empirical basis for the applicability of the concepts of medical humanities in education.

Lastly, future studies may examine the applicability of "Wit" and other such narratives as empowering and advocacy instruments for patients. Studying how exposure to such narratives impacts patients' ability to self-advocate and understand relevant decision-making could prove helpful in optimizing the communication between patients and providers in EoL situations.

Thus, Margaret Edson's "Wit" can be considered an opportunity to explore the relations between medicine, death, and individual existence. The play shows how lack of empathy or the ability to maintain a personal emotion in a workplace setting or emotions can be a

vice or virtue depending on the situation, opposing knowledge and wisdom as positive antithetical concepts. When moving forward in the development of medical humanities, plays such as “Wit” will heavily influence how patient-centered care can occur when dealing with mortality.

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### **Authors’ contributions**

Dr. M. Ilaya Kanmani Nanmozhi: Conceived the research idea and design, conducted the primary analysis of Margaret Edson’s *Wit*, and prepared the initial draft of the manuscript. She focused on examining the intersections of medicine and mortality and provided critical insights into the ethical and humanistic dimensions explored in the play.

Dr. S. Gunasekaran: Provided guidance on the theoretical framework and contributed significantly to the interpretation of findings, particularly regarding the integration of humanities in medical education and narrative medicine. He also reviewed and refined the manuscript, ensuring its alignment with the journal's standards. Additionally, Dr. Gunasekaran facilitated access to academic resources and contributed to the paper’s methodological rigor.

Both authors read and approved the final manuscript, contributed equally to the discussion, and bear responsibility for the integrity of the work.

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