

Human suffering – a challenge for medicine and ethics

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Despite its obvious presence in medical and legal practice, and in bioethical debates, suffering is a somewhat neglected topic in medicine and bioethics¹. Alleviating human suffering represents, for example, a central motive in the debates around medical activities at the beginning of life (e.g. prenatal diagnostic testing) and plays an even more important role in the controversies over end-of-life decisions (e.g. assisted dying). In medical practice, the concept of suffering serves as a medical criterion for indication detecting, e.g. in the context of palliative sedation therapy at the end of life. In the legal context, suffering is also applied as criterion of duty in regulations concerning assisted dying practices like euthanasia. In all these contexts and practice fields, “suffering” fulfills an important normative function. The wide-spread affirmation of this normative function and the urgently felt imperative to avoid suffering is, certainly, rooted in everyday experiences that go beyond the medical field. The concept of suffering covers a variety of experiences from physical pain to psychological, social, existential or spiritual distress. However, the flip side of this comprehensiveness consists in a lack of discriminatory power, so that almost every negative feeling or every judgment of a situation as not being worthwhile can be articulated as suffering. In view of this, it is astonishing that there is so little discussion in bioethics about the concept of suffering, and about the normative status of statements of suffering.

The theoretical ambiguity also leads to a number of questions and problems in the practical application of the concept:

It is unclear where the interpretive competence over the suffering lies – with the patient, the physicians, or

society? The principally correct reference to the primarily subjective perception of suffering is not sufficient where future suffering or deputy decisions are at stake. Additionally, the provision of health care services cannot function without intersubjective agreement on attributions of suffering, or even on limits of reasonableness.

Experiences of suffering and the language of suffering are also in a precarious relationship with each other: Which experiences and dimensions of suffering are felt individually (pain, psychic distress, existential/spiritual suffering), which are articulated (and how), and which are intersubjectively accepted? The limits of language and empathy rise the fundamental question of the conditions for the intersubjective communicability of suffering. This general, philosophical question is linked to the genuinely bioethical question of the limits of the medical duty to alleviate suffering (therapy versus wish fulfillment, medicalization).

Finally, what is the relationship between the obligation to alleviate suffering and other ethical criteria, such as respect for the patient’s autonomy, or the principle of non-maleficence?

This special issue is intended to initiate a medical-ethical discussion on the concept of suffering and its theoretical and practical challenges. For this purpose, it assembles interdisciplinary contributions against the background of the current state of discussion, identifies open problem constellations around the concept of suffering, and provides suggestions for a better understanding of “suffering” in medical ethics.

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¹ Callahan D. Foreword. In: Green R, Palpant N (ed.). *Suffering and Bioethics*. Oxford: Oxford University Press; 2014, p. ix-xii, x. Daneault S. *Souffrance et Médecine*. Québec: Presses de l’Université du Québec; 2007. Cassel EJ. *The Nature of Suffering and the Goals of Medicine*. Oxford: Oxford University Press; 1991.