JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

Narratives of Healing and Ethics: A Medical Humanities Analysis of Abraham Verghese's Cutting for Stone

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Abstract

This paper makes an interdisciplinary analysis of Abraham Verghese's novel Cutting for Stone, inquiring and positing about the relationship between literature and healthcare settings . Through the usage of critical perspectives from phenomenology and postcolonial theory, the study challenges the strategies of foregrounding the embodied point of experiences of healing and illness. By implying the novel within the contemporary debates on medical epistemologies, it widens challenges to the Cartesian dualisms and the stand of lived experience within clinical practice. Researching the interplay between the symbolisms that embody Western biomedicine and indigenous healing practices allows us to deconstruct the symbolic hierarchies of medical knowledge in Verghese's text, and thereafter enabling us to critique those hierarchies as well as to advocate for a more inclusive and ethically responsive patient care. Specifically, the paper bridges the gap between textual and theoretical perspectives on the part of Maurice Merleau-Ponty, Frantz Fanon, and Martha Nussbaum, methodologically, to uncover the transformative possibilities of literature by reimagining medical practice. In the end, this study adds to the more general work of

the medical humanities by embodying a more complex view of narrative and embodied knowledge for reconceptualizing health, identity, and being human.

Introduction

In his book Cutting for Stone Abraham Verghese uses Ethiopia's cultural transformation and political disturbances to explore medical practice along with issues of identity and ethics. Two twin brothers named Marion and Shiva Stone experience parallel life narratives in the novel because they are the children of a British surgeon and an Indian nun while preserving the conflict between Western medicine and traditional Eastern medicine. The complex story structure of Cutting for Stone provides essential knowledge about medical humanities by revealing phenomenology alongside postcolonial medical interpretation and relationships between caregivers and their patients.

Critical Analysis: Phenomenology and Embodied Medicine

Critiquing the novel in terms of Maurice Merleau-Ponty's phenomenological framework aligns with the theory where Marleau posits that the body is the primary medium of lived experience (Toombs 27). However, Marion's surgical education indeed exemplifies a Cartesian duality, viewing the body as a thing to be repaired, while Shiva's intuitive and tactile approach is congruent to Merleau-Ponty's idea of the 'flesh of the world', in which the body is an interconnected mesh of perception and meaning (Merleau-Ponty 133).This critical tension critiques the tendency of medicinal practice to treat patients as meagre pathological cases whereby their subjectivity- expressions of emotions; life experiences, is kept at bay.

Additionally, Frantz Fanon's theories about medical colonialism reveal Thomas Stone's role in Missing Hospital as an epistemic dominance over Ethiopian patients and staff (Fanon 88). Even after political decolonization, hierarchies present in the hospital itself reflect colonial legacy. His depictions of Ethiopian healers—called the *tenqua (*the ones who publicly cured those who were sick) open the door for such a hegemony to be challenged as medical knowledge is not produced in a monolithic way.

Narrative and Language: Medical Storytelling as Biopolitical Discourse

Narrative Structure: Trauma and Memory

Marion, the first person retrospective narrative of Verghese, is both of clinical precision and emotion introspection. This nonlinear narration mirrors the fragmented nature of traumatic memory as defined by Sigmund Freud in *Beyond the Pleasure Principle* where he describes repressed events emerging in discontinuous manner (Freud 12). Not linear in nature, they are memories of Marion of his mother's death, and his estrangement from Shiva, like the intrusive memories of trauma survivors.

Critical Analysis: Medical Language as Biopower

The novel's use of medical jargon—such as the graphic depiction of Sister Mary's cesarean section—serves a dual purpose. But it also sets realism, pulling readers into the realm of surgery in one sense and on the other hand it is a biopolitical tool that supports Michel Foucault's argument in *The Birth of the Clinic* that medical language objectifies the body making patients passive subjects of clinical scrutiny (Foucault 89). 'Clinical gaze', as conceptualised by Foucault, reduces the victim of any malaise to a meagre pathological subject rather than a being embodying multifarious experiences or mental activity.

On the contrary, by writing about Marion's guilt, for example, through Verghese's poetic descriptions of emotion, we see how his description of emotion invokes Lisa Blackman's affective medical humanities that explores how emotions, such as shame, fear, or love, contribute to the structure of medical encounters (Blackman 45). Their different emotional response to trauma contests the false notion of detached objectivity in health care.

Cultural and Ethical Implications: Colonial Legacies and Moral Dilemmas

Cultural Context: Clash of Medical Epistemologies

A contrast between Western biomedicine and Ethiopian traditional practices of healing is used by Abraham Verghese in *Cutting for Stone* as a conflict not between techniques but between world views. Hema, on the one hand, is a physician trained in British obstetrics, an empirical scientist, with procedures standardised and the authority in the institution. Her methods carry with them the hegemony of Western biomedicine, that always portrays itself as universally applicable and never was reluctant to dismiss 'alternative' systems as primitive or unscientific.

On the opposite side are the *tenquai*, Ethiopian traditional healers, whose knowledge is passed on by centuries of oral tradition, spiritual cosmology and extremely close understanding of local herbs and rituals. In fact, their practice is not only medical but certainly deeply cultural, weaving physical healing with the communal and spiritual health of the community.

This epistemic clash mirrors broader postcolonial dynamics, where Western medicine was—and often still is—imposed as the singular 'correct' way of understanding health, relegating indigenous knowledge to the margins. This hierarchy is questioned by the novel—the work that combines a Western training with an appreciation of Ethiopian remedies belongs to Ghosh, even though he was a Westerner; and such authorial insight belongs to Shiva, whose surgical techniques combine Western science with resourceful improvisation. Missing becomes a contested hospital space as Western doctors possess institutional power against local healers operating in the shadows whose expertise is undervalued.

The marginalization of *tenquai* reflects what postcolonial theorists like Frantz Fanon and Warwick Anderson describe as the 'epistemic violence' of colonialism—the systematic erasure of native knowledge systems in favor of European paradigms (Anderson 112). Unlike many other critics of biomedical medicine, Verghese does not argue that traditional medicine is merely obsolete or opposed; instead, he demonstrates that it can live, evolve, and even expand biomedical practice if it can flourish alongside. This synthesis is embodied in the midwife Rosina, who is able to use both sterile techniques and herbal poultices to treat patients. Her role challenges the false binary between 'modern' and 'traditional', suggesting that effective healthcare requires dialogue, not domination.

And over the course of the novel, the novel demands from us an answer in the form of a positing view, whether or not medicine can ever be truly neutral, and universal. In checking the purview on Ethiopia's historical and cultural specificity, Verghese outlays the colonial imprints of Western medical universalism and seeks a more varied mode of healing, as much about traditional healing as clinical expertise. The unresolved nature of this tension in the narrative is emblematic of the state of affairs in global health today in which decolonizing medicine means doing more than embracing but highlighting different means of knowing the body and its maladies.

Critical Analysis: Postcolonial Medical Hierarchies

Warwick Anderson's attempt to understand how postcolonial health systems represent hierarchy provides an apt means for understanding Missing Hospital's retention of colonial medicine in the professional practice and treatment of their patients. Even in the power dynamics at the hospital, the hospital reflects colonial era health care institutions, armed with physicians who were trained outside the country such as Thomas Stone and Hema, while Ethiopian staff are in subordinate clinical and administrative positions even though they understand the local healthcare needs better (Anderson 112). This enduring stratification exemplifies what Anderson refers to as ‘medical apartheid’, a systemic privileging of Western medical knowledge that persists beyond the formal end of colonial rule.

This crystallization of the ethical quandary around sticking with or against the decisions to perform surgery on Sister Mary Joseph Praise in a controversial way without her explicit consent solidifies these power dynamics. Seen as normal medical practice from a conventional Western bioethical perspective, this clearly violates an important principle of contemporary medical ethics which is the principle of patient autonomy. Sister Mary's passive acceptance of the procedure—her silent suffering—serves as a representation of what Martha Nussbaum describes as the ‘systematic silencing’ of colonial subjects within healthcare contexts (Nussbaum 156). A systematic silencing that protracts to recusing medical practitioners of any grave mistake while performing surgical operations, and in the novel it is seen when Thomas Stone accidentally severs an aorta of Sister Mary resulting in her death. It is not only a question of the lack of voice of an individual, but it is also an institutional issue as a result of the historic way of managing marginalised populations as medical subjects instead of active subjects in their own care.

This incident exposes the paradox of ‘benevolent paternalism’ that characterized colonial medicine and persists in postcolonial healthcare systems. The doctors at Missing Hospital genuinely believe they are acting in Sister Mary's best interests, yet their actions replicate the colonial dynamic of the ‘civilizing mission’ - the assumption that Western-trained physicians know what's best for local patients. Given this tragic outcome of the operation, it is a lesson of how wrong this approach is, and that good intentions do nothing to mitigate structural inequities in medical decision making.

The further complication of the analysis is when the novel introduces characters like Ghosh who can bridge the two worldviews of healthcare. In Ethiopia as an Indian doctor, he is pretty ambiguously situated: neither a fully part of

the Western medical establishment nor an entirely part of local traditions. The liminality his work takes place in is manifest by his struggles to traverse this postcolonial medical liminal space. Similarly, the Ethiopian staff's quiet resistance to foreign dominance - through subtle acts of noncompliance or preservation of traditional practices - demonstrates what James Scott calls 'the weapons of the weak', showing how subaltern medical practitioners maintain agency even within oppressive structures.

Finally, Verghese advocates for decolonizing medical institutions as implying more than the replacement of foreign personnel with local staff. At the same time, it makes a call for a deep reconsideration of medical epistemology; that is, it calls into question the presumed (western) biomedical knowledge superiority while it offers the space for retaining the science and retaining the local healing traditions. The hospital's name itself, 'Missing', becomes ironic commentary on what gets lost when colonial models are uncritically reproduced in postcolonial settings. Cutting for Stone invites readers to reflect on how the healthcare systems in place might look beyond the colonial traces that have kept them from reaching real, culturally based medical practice.

Ethical Dilemmas: Triage and Moral Distress

Resource scarcity is a real crushing reality at Missing Hospital and the medical staff is forced into agonisingly moral triage decisions which expose the yawning gap between theoretical and practical bioethics. Arthur Kleinman's concept of the 'moral experience of clinicians' becomes painfully manifest in these moments, as physicians like Ghosh must make impossible choices that haunt them long after their decisions are made (Kleinman 72). Routine medical practice in the hospital is transformed into a series of ethical crises because the hospital is chronically short of basic supplies, medications and even electricity, making it an unattainable ideal to treat every patient equally.

Ghosh's recurring dilemma—whether to devote limited antibiotics to emergency cases with higher mortality risks or to distribute them more widely for routine care—epitomizes what philosopher Len Doyal calls 'the tyranny of the acute.' For example, in one harrowing case, Ghosh must send three young children to die of malaria or a young mother bleeding from a postpartum haemorrhage when there are only enough blood transfusion resources to help one. However, medically justifiable, he chooses the emergency case to the exclusion of all other cases, a decision that spares him the agonising knowledge of other lives that might have been saved. This scenario illustrates how

resource scarcity doesn't merely limit treatment options but fundamentally distorts the physician's ethical framework, forcing them to abandon the Hippocratic ideal of treating each patient as an individual of equal worth.

The novel powerfully demonstrates how these triage decisions accumulate into what medical anthropologist Paul Farmer terms ‘structural violence’—the way social and economic inequalities become embodied as differential health outcomes. Missing staff are not simply making clinical judgments of diagnosis that arise independently of each other but rather are unwitting participants in a larger system whose values prioritise some lives over others due to geographically determined misfortunes and access to resources. Matron, the Ethiopian nurse who must routinely implement these difficult decisions, develops what may be called ‘God complex in reverse’—not the arrogance of playing God by saving lives, but the crushing guilt of having to choose who receives care and who must wait, possibly for quite long.

These ethical quandaries, however, are depicted in Verghese's own portrayal of them to challenge the neat principles of the Western medical ethics as they had been developed in the well resourced academic medical centres. This involves applying the four standard principles of bioethics, autonomy, beneficence, non maleficence and justice, when the application of the latter is structurally impossible or when beneficence to one patient is maleficence for another. The novel suggests that in such environments, clinicians develop what Kleinman might call a ‘local moral economy’—an adapted ethical system that acknowledges the brutal realities they face daily.

Cutting For Stone then raises profound questions about how the rich globe, dominated as it is by the United States and Europe, views the poor globe as it endeavours to ameliorate global health inequity. Ghosh and his colleagues don’t bear this ethical burden solely because of a personal tragedy, but because the world medical order on which they rely permits such inequities. Overall, the novel makes readers question whether these are failures of individual clinicians or lack of a global system to sustain the scarcity in some regions and abundance in others. By doing so, Verghese goes beyond documentation of clinical ethics to raising questions about the very structures that create ethical compromises an inevitable reality.

Themes of Modernization and Tradition: Critiquing Biomedical Hegemony

Modern Medicine vs. Traditional Practices

Shiva's groundbreaking fistula repair techniques, developed using locally available materials and anatomical intuition, represent a radical challenge to Western medicine's technological triumphalism. Shiva is pioneering resourceful alternatives to where his brother Marion relies on expensive imported surgical equipment and conventional training but fashioning surgical tools from repurposed items, novel suturing methods suited for local tissue characteristics, and incorporates elements of traditional Ethiopian wound care practices. His success with these triumphs in the realm of improvisational medicine clearly refutes the obvious fallacy that 'medical efficacy' has solely to do with advanced technology or protocol approved by the West.

The novel carefully positions Shiva's innovations within what medical anthropologist Margaret Lock calls ‘local biologies’ - the understanding that bodily knowledge and healing practices are always culturally and environmentally situated. Her hybrid approach neither rejects Western medicine outright nor uncritically adopts traditional methods, but instead creates what physician-anthropologist Paul Farmer terms ‘pragmatic solidarity’ between different healing epistemologies. It challenges the colonial era founder in which Western medicine was universally superior to indigenous knowledge. Through the character of Shiva, Verghese speculates at the epitome of the medical innovation which arises from necessity in resource limited settings, and the future of global health may lie in such a synthesis of tradition and modern science.

Critical Analysis: The Myth of Medical Progress

The novel critiques the ideology of ‘modernization as progress’ by illustrating how advanced surgical tools can alienate both patients and practitioners. This parallels the arguments made in Ivan Illich’s Medical Nemesis that industrialised medicine kills communal healing practices (Illich, 54). Rosina’s herbalism, meanwhile, embodies what Paul Stoller calls ‘embodied knowledge’—a resistance to Western epistemicide that dismisses non-scientific ways of knowing (Stoller 89).

Critical Discourse Analysis: Power, Capabilities, and Illness Narratives

Foucault's Biopower and the Hospital as Institution

Missing Hospital is, therefore, the perfect embodiment of Foucault's concept of biopower since medical knowledge transforms into a device of social regulation and bodily discipline (Foucault, History of Sexuality 140). The hospital operates as more than a healthcare institution—it functions as what Gilles Deleuze and Félix Guattari would call a 'apparatus of capture', where patients are transformed into medical subjects through diagnostic labels and treatment protocols. Such power to define what is illness, health, normality, is a shameful form of social control extending far beyond the bounds of the clinical systems.

In 'Missing' hospital, this biopolitical function is played out in different instances: through the triage which sorts patients with regard to perceived urgency, through diagnostic categories that determine the eligibility for treatment, and through implicit hierarchies of medical knowledge. State mechanisms of population management are reflected in the authority of the Western trained doctors to declare someone sick enough to hospitalise them or well enough to allow for discharge. This is especially clear when the subject is one involving Marion's diagnosis of government officials where medical assessments have political consequences and the line between clinical judgement and social regulation becomes blurred.

These power dynamics are reinforced in the physical architecture of the hospitals in that the examination rooms are designed for surveillance, patient records serve as disciplinary dossiers, and the treatment protocols that act only as a normative script. Even the hospital's location in Addis Ababa positions it as a node in Ethiopia's broader network of biopolitical institutions. Through these mechanisms, Missing Hospital exemplifies how modern medicine, far from being a neutral healing practice, participates in what Foucault called the 'administration of bodies and the calculated management of life', a power that shapes not just individual health outcomes but the very fabric of social order.

Nussbaum's Capabilities Approach: Medicine as Empowerment

Marion's decision to return to Ethiopia and work at Missing Hospital exemplifies Martha Nussbaum's concept of the 'central human capabilities' –the idea that true development must enable individuals to live with dignity and

realize their full potential (Nussbaum 78). Using his medical practice as an act of penance or as an act of restorative justice, he reduces the practice of medicine from merely a treatment to helping counter the colonialism and resource inequality that creates systemic disempoweredness. By training local staff, adapting techniques to available resources, and prioritizing community trust, Marion fosters what Nussbaum calls 'practical reason' and 'affiliation', two of the ten key capabilities that allow patients and practitioners alike to reclaim authority over their health.

In particular, her work speaks to marginalised women having fistula repairs healed and restored not just for bodily function, but for social belonging as well. On the same note, this fits with Nussbaum's insistence that health serves as the basis for other capabilities, such as mobility, emotional well being, and participation in community life. In his usual manner, Verghese presents medicine not as a form of charity, but instead as a means of capability expansion: where care facilitates agents to live full lives as such. The hospital thus becomes a colonially inherited site becoming a postcolonial possibility.

Kleinman's Illness Narratives: Divergent Paths of Healing

The twins' contrasting trajectories—Marion's guilt-driven perfectionism vs. Shiva's intuitive resilience—showcase Arthur Kleinman's 'local moral worlds', where illness is examined and thereafter interpreted through cultural and personal frameworks (Kleinman 112).

Comparative Analysis: Cutting for Stone in Medical Humanities Canon

1984 vs Verghese: Control vs Care

Where Orwell's dystopia provides no redemption, Verghese introduces care as a counterforce to oppression (Orwell 210).

Gawande's Being Mortal: Palliative Ethics in Global Context.

While Gawande points to end of life care in the West, Verghese conveys the coloniality of medicine, with structural inequities dictating health care decisions (Gawande 45).

Calcutta Chromosome : Subaltern Knowledge Systems by Amitav Ghosh

Both texts valorize marginalised medical epistemes, but Ghosh leans toward mysticism, while Verghese springs from pragmatic hybridity (Ghosh 67).

Conclusion

The novel transcends its narrative structure to enable it to be easily stretched beyond the confines of conventional fiction, and to claim that Cutting for Stone is in fact a seminal text in medical humanities. By stitching together phenomenology and postcolonial critique, and that of affective theory, Verghese urges readers to think of a more healing centred and humane medical practice. The novel uncovers how colonial legacy is implicated in creating hierarchies of health and its care, and what emanates upon examining embodied experiences of both body and mind, and what it means in the narrative of the clinical knowledge system. The story does this by modeling what decolonized medicine may look like through its rich characterizations of Marion struggling with ethics, Shiva and his hybrids putting together intelligent, holistic, and aspirational rather than descriptive contexts, and we as readers helping to inform about the mesh of the minds and bodies, a mesh which would work fruitably in tandem with pluralistic, context-aware, and patient-centered vision. In the end, Verghese redefines the parameter of medical excellence, prioritising the one executed through moral imagination rather than technical excellence. The moral imagination which imbues the ability to conceive health as not simply biological but lived as a fundamental human condition.

Works Cited

Anderson, Warwick. *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*. *Duke University Press*, 2006.

Blackman, Lisa. *Immaterial Bodies: Affect, Embodiment, Mediation*. *SAGE Publications*, 2012.

Fanon, Frantz. *The Wretched of the Earth*. *Grove Press*, 1963.

Foucault, Michel. *The Birth of the Clinic*. *Vintage Books*, 1994.

Freud, Sigmund. *Beyond the Pleasure Principle*. *W. W. Norton & Company*, 1961.

Merleau-Ponty, Maurice. *Phenomenology of Perception*. *Routledge*, 2012.

Nussbaum, Martha. *Creating Capabilities: The Human Development Approach*. *Harvard University Press*, 2011.