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# Beyond Medical Paternalism: Undoing the Doctor-Patient Relationship in Simone de Beauvoir's *A Very Easy Death*

Anna Magdalena Elsner

In the first chapter of her 2016 *Is Literature Healthy?*, Josie Billington questions the ways in which Leo Tolstoy's novella *The Death of Ivan Ilyich* has been read and appropriated in the context of humanities courses offered as part of medical education curricula. The aim of her book is not to argue against such initiatives, but to illustrate that some of the standard approaches to *The Death of Ivan Ilyich* have remained on the surface of the text by assuming it provides readily available guidance for healthcare professionals, when, instead, such texts are powerful not for their answers but for their resistance to them. Indeed, she argues, turning to literary texts as part of a healthcare education is worthwhile because they contain—and prompt—what she calls “gestures”; verbal attempts “to point to the right place without knowing why it is right.”<sup>1</sup> If there is another text that approaches the canonical status *The Death of Ivan Ilyich* has attained in medical humanities curricula,<sup>2</sup> it might be Simone de Beauvoir's autobiographical *A Very Easy Death* [*Une mort très douce*].<sup>3</sup> Based on Billington's call for the literary experience not to be “used—only let be, in its words,”<sup>4</sup> I propose juxtaposing what has been made of Beauvoir's text in the context of criticism from the perspective of bioethics and/or the medical humanities to an analysis of *A Very Easy Death* that redirects us to “its words”—the text's original linguistic, cultural, and philosophical context.<sup>5</sup>

Simone de Beauvoir wrote *A Very Easy Death* in 1963, after the relatively sudden death of her mother, Françoise de Beauvoir, from intestinal cancer. The text was published the following year, fifteen years after *The Second Sex* but in the middle of the publication of the four volumes that make up her memoirs (*Memoirs of a Dutiful Daugh-*

ter, *The Prime of Life*, *The Force of Circumstance*, and *All Said and Done* [1958–1972]). It thereby precedes her treatise on aging, *The Coming of Age* (1970), and another short text that is thematically closest to *A Very Easy Death*, *Adieux: A Farewell to Sartre* (1981)—an autobiographical account in which Beauvoir describes her final years with Jean-Paul Sartre and his death. Supposedly it was Sartre who called *A Very Easy Death* Beauvoir's best work, and within Beauvoir's oeuvre this text certainly constitutes a uniquely intimate account, in which Beauvoir reflects on both her mother's life and her own relationship with her mother while caring for her during her final weeks at a Parisian hospital.<sup>6</sup>

*A Very Easy Death* begins with a seemingly banal accident; Françoise fractures her femur when falling in her apartment while Beauvoir is in Rome with Sartre. A neighbor calls Beauvoir to inform her of the accident, and in the course of Françoise's subsequent hospitalization intestinal cancer is diagnosed. Importantly, however—and this is a key element of the text—the patient is never told that she has cancer. Rather, Françoise's physicians spin a web of easily believed lies for their patient, including a false explanation for surgery. Having made Françoise think she has to be sedated for a routine scan, they tell her that during that procedure they discovered a peritonitis, which they immediately and successfully removed in a lucky emergency surgery. Françoise's two daughters—Simone and Hélène (called Poupette)—follow the physicians in not disclosing the diagnosis to the patient, as a result of which they make treatment decisions on her behalf and keep Françoise in the dark about the real reasons behind her steady decline.

Beauvoir writes from the viewpoint of a daughter accompanying her mother's dying, thereby touching on a number of topics that are familiar in end-of-life and illness narratives, such as loss, mourning, aging, and the ambivalence of family relationships. Beauvoir scholars in particular have, therefore, focused upon familiar themes in Beauvoir's work, such as the mother-daughter relationship, maternity, and identity construction, often investigating how this personal narrative challenges Beauvoir's existentialist philosophy or relates to her feminism.<sup>7</sup> Some readings focusing upon how the text mediates medical themes have also been proposed, however; critics have analyzed the text's portrayal of dying, aging, social violence, and the hospital setting, and have also examined it alongside Susan Sontag's work on metaphors.<sup>8</sup> While research from within French studies has mainly concentrated on contextualizing *A Very Easy Death* within Beauvoir's wider work and philosophy, medical humanists and bioethicists have scrutinized how it depicts the role of doctors, information-giving, informed consent,

shared decision-making, death rituals, palliative care, and aging. As diverse as these perspectives are, a common denominator between the literary/philosophical readings and those that seek to draw out the text's medically relevant content is the conviction that the withholding of the diagnosis from the patient and the resulting unconsented medical intervention are ethically problematic, and are facilitated by particular dispositions of the doctor-patient relationship. Given that Françoise is never told the truth by her physicians, and her physicians are described as distant, arrogant, condescending, and overbearingly paternalistic towards the patient's family as well, the ethical aspects of the encounter between the range of doctors treating Françoise and the patient are indeed highly compromised.

A critique of medical paternalism indubitably runs through *A Very Easy Death*. If we limit our reading of this text to this critique, however, we miss some of the essential aspects of the text's status as a literary narrative rather than a bioethical case study. Instead of using Beauvoir's text as an illustration of the breach of bioethical principles and commenting on the ways in which it portrays medical paternalism, I seek to demonstrate how *A Very Easy Death* undoes the dynamics of a binary physician-patient encounter—even to the point of destabilizing the narrative positions of doctor and patient alike. After highlighting that Beauvoir's critique of medical paternalism was less a manifesto for patient-centered medicine than part of an ongoing debate about the need to reform French medical education in the 1960s, I then move on to make a different set of connections meant to uncover Beauvoir's own role and connivance within the paternalistic system she critiques. In particular, I propose that Beauvoir opposes Françoise's surgery on a textual level despite ultimately agreeing to it. This oscillation between her outward acceptance of the physicians' choice and her internal struggle with it points towards a more moderate and ambiguous depiction of medical paternalism and a family's complex role within it. Finally, I draw attention to Beauvoir's active involvement in withholding the cancer diagnosis from her mother. This complicity further strengthens a reading of the text in which the experience of medical paternalism cannot be dissociated from the text's personal and literary context but is, on the contrary, closely intertwined with it.

Such a reading foregrounds the dynamics of mutual amplification that involve a wider social framework than doctors and patients and it sensitizes us to the subversion of the moral status of truth-telling in the context of caregiving. It also urges us to rethink *A Very Easy Death's* place within a medical humanities curriculum<sup>9</sup>—not by fore-

closing the conclusions reached in readings drawing instrumentally on the text's bioethical contribution (such as, for example, that the sort of medical paternalism depicted in *A Very Easy Death* can be avoided if the patient's autonomy is respected), but by honoring the resistance to such a reading coming from the text itself. My reading thereby takes seriously Anne Whitehead and Angela Woods's call for a *critical* medical humanities, one that moves beyond the moment of cancer diagnosis—what they call the “primal scene” in the first wave of the medical humanities. This does not mean that the cancer diagnosis constitutes a “somehow unimportant topic or otherwise unsuitable object of scholarly inquiry,” but that the predominant focus on it has overshadowed other important matters “both within the scene itself and in relation to other sites and modes of inquiry.”<sup>10</sup> While the withholding of Françoise's cancer diagnosis is itself a key turning point in this narrative, a critique of this withholding based on bioethical principles misses the ramification, positioning, and texture of this ambiguous motive within Beauvoir's text and œuvre.

### Against Medical Paternalism

One of the prime examples of medical paternalism portrayed in *A Very Easy Death* occurs when Françoise is given a nasogastric intubation. Witnessing how uncomfortable the intubation is for their mother, Simone and Poupette approach Dr. N. and ask him about the use of the intubation: “white coat, white cap, a young man with an unresponsive face: ‘Why this tube? Why torture Maman since there is no hope?’ He gave me a withering look. ‘I am doing what has to be done’” (27). Beauvoir is categorically dismissive of the doctors looking after her mother: “Dr J., Professor B., Dr. T: neat, trim, shining, well-groomed, bending over this ill-kempt rather wild-looking old woman from an immense height: great men, bigwigs” (20–21).<sup>11</sup> The doctors of *A Very Easy Death* have nothing in common with the “médecin-philosophes,” the priest-like father-figures, remnants of which are still found in early twentieth-century French literature.<sup>12</sup> They are technical experts endowed with an anti-humanist “medical gaze” under which the patient and their experience of illness dissolves.<sup>13</sup> When Françoise's pain becomes unbearable and she asks for increased pain medication, Dr. N. jokingly calls her a “real drug addict,” asserting that a “self-respecting doctor” will only allow for the morphine dosages “that are called for” (79, 82). This medical ethos could not be further from our

contemporary approach to end-of-life care, typified by the World Health Organization's definition of palliative care, which emphasizes the need for patient-centered care that manages symptoms, offers adequate pain relief, and preserves the patient's dignity in an end-of-life care setting.<sup>14</sup> It is unsurprising, then, that physician-scholars' readings of the doctor-patient relationships portrayed in *A Very Easy Death* take them as illustrations of a now-outdated depiction of medical paternalism.<sup>15</sup>

Saying that Dr. N.'s paternalism is rooted in its time might be accurate, but Beauvoir was not alone in critiquing it. Rather her depiction of it integrates itself in an ongoing discussion regarding the urgency to "humanize" French hospitals by reforming the French healthcare system and the medical school curriculum.<sup>16</sup> This had become particularly relevant since 1958, when the pediatrician and member of the French National Academy of Medicine Robert Debré launched the "reform Debré," part of which entailed a course on "les sciences fondamentales" be added to the French medical curriculum.<sup>17</sup> The philosopher and physician Georges Canguilhem regarded this further emphasis on the natural sciences within the medical curriculum as another step away from the patient. In 1959 he proclaimed that French medical education desperately needed to be rethought:

Isn't it surprising that teaching in medicine covers everything except what is at the heart of practicing medicine, and that one can become a physician without knowing what the obligations of a physician are? At the faculty of medicine, you can learn about the chemical composition of saliva, about the life cycle of intestinal amoeba in the cockroach, and yet there are subjects which will certainly never be covered in teaching: the psychology of the ill, the essential signification of illness, the obligations of the physician with regard to his/her relationship with the patient (and not only those with his colleagues or the examining magistrate), the psychosociology of illness and of medicine.<sup>18</sup>

Canguilhem's heartfelt call for a re-structuring of French medical education around the doctor-patient encounter and the patient's personal experience of illness illustrates that *A Very Easy Death* should not be situated at a moment when vertical medical hierarchies were silently accepted, but were, on the contrary, already called into question.

Another problem with assuming the outdated nature of the medical paternalism the text displays is that it buys into a narrative of medical progress that is unreceptive to the fact that some of the

ethical questions Beauvoir's texts points to—particularly with regard to paternalism in end-of-life care—remain fundamental challenges in modern Western health care systems. Thus palliative care physician and medical humanities scholar Frank Brennan is right in arguing that Beauvoir's narrative presents an end-of-life scenario in which pain management, symptom control, and an individually defined quality of life are *not* key concerns, despite the doctors repeatedly assuring that they will limit Françoise's suffering.<sup>19</sup> But by arguing that a palliative care approach would have offered a seemingly problem-free alternative, Brennan fails to acknowledge that *A Very Easy Death*—despite being written before the palliative care movement—highlights several of the central paradoxes that persist in the practice of palliative care today. Two examples come to mind. First, while administering sedation in terminal care based on a patient's individual needs is now common practice, continuous deep sedation, which has been legal in France since February 2016, is often regarded as a disguised form of euthanasia and therefore antithetical to palliative care's mission to “normalize death.”<sup>20</sup> Second, a key concern in Beauvoir's text is the role of the family in medical decision-making. If contemporary medical ethics places a premium on patient autonomy, to what extent should families' views be taken into consideration by health care professionals? This balancing act is a particular challenge in the practice of palliative care, precisely because the World Health Organization's definition of palliative care specifically emphasizes its aim to integrate families—and at the same time to practice patient-centered care.<sup>21</sup>

A more nuanced reading of the ways in which *A Very Easy Death* relates to late-1960s French medical history, and how it portrays ethical debates in medicine more generally, is certainly called for; but I concede that even within such a reading, Beauvoir's text can still be seen to advocate patient autonomy, more equal doctor-patient relationships, and the need for improved end-of-life care. However, too narrow scrutiny of the medically relevant themes of the text fails to acknowledge that there are in fact very few scenes that focus on the communication between doctor and patient in the text. Indeed, one might reasonably argue that the doctor-patient encounter is but a marginal topic in *A Very Easy Death*.<sup>22</sup> Taking as a point of departure how few interactions between physician and patient Beauvoir includes, and situating my reading beyond the critique of medical paternalism, I propose to analyze what it is that keeps the clinical encounter from unfolding in this narrative. This will allow me to suggest that the medical hierarchies depicted in this narrative certainly partake in—but

are not solely responsible for—both the withholding of the diagnosis and the decision to let the patient undergo surgery.

### The Rhetoric of Silent Opposition

Speaking about the doctor-patient relationship in *A Very Easy Death* is not just problematic because there are only a few scenes of interaction between doctors and patient, but also because one of the merits of the text is that it portrays the widely acknowledged limitations of the term “doctor-patient relationship.” Given its prioritizing of the binary and the verticality implied by the concept, the term has been rightly criticized for not sufficiently taking into account the roles played by nurses, relatives in situ, and relatives’ own social networks—all of whom bear significantly on the clinical encounter.<sup>23</sup> The presence of nurses in medical decision-making plays a crucial role in *A Very Easy Death*. Even if Beauvoir reports that her mother is annoyed by some of the nurses and has clear preferences, she concedes that the duty nurse “could raise her spirits, give her a sense of security and calm her, and she never assumed any superiority” (22). Unlike the doctors who are referred to by their titles and initials, thereby highlighting their anonymity, disinterest, and adherence to their role, Beauvoir emphasizes the individuality of care provided by the nurses by calling them by their first names.<sup>24</sup>

Indeed, one of the book’s most memorable exchanges between a health care professional and the patient’s family takes place *after* a specialist consultation regarding the operability of Françoise’s tumor, when an elderly nurse, Madame Gontrand, walks up to Beauvoir and undermines the physicians’ authority by urging her not to let them operate on her mother (“Don’t let her be operated on!” [28]). Once she has given her opinion, the nurse immediately stops herself mid-sentence, “If Dr. N. knew I had said this to you! I was speaking as if it were my own mother,” and after this self-admonition she refuses to answer any further questions regarding what an operation may entail (28). But the nurse’s short sentence takes on a life of its own, repeating like a mantra in Beauvoir’s inner monologue: “‘Don’t let them operate on her.’ A frail argument against the opinion of the specialists, against the hopes of my sister” (29).

Bioethicist Leigh Turner picks up on the important role played by Madame Gontrand and observes in the *Journal of Clinical Ethics* that “the voice of the nurse is the lone voice emerging from outside

the conscience of the two sisters that opposes the operation. However, the view of the nurse is suppressed within the rigidly stratified social organization of the medical setting . . . . This isolated voice does not influence the subsequent care of Françoise."<sup>25</sup> Turner's article was conceived as a critique of the reductive nature of medical cases and their use in bioethics, as he points to the rich, "thick material" of literary accounts and calls for the further integration of such accounts within bioethics. It is indeed true that Simone and Poupette do not ultimately stop their mother's surgery. *A Very Easy Death* does not merely report the outcome of that decision, however, but instead portrays the multiplicity of voices that frame and shape how the decision is taken. Certainly, the surgery is ultimately not opposed, but this non-opposition comes with a depiction of an inner process of resistance that is never acted upon. The nurse's words are not "suppressed," but in fact repeated twice in Beauvoir's inner monologue. And even if these words ultimately lead to no practical consequences, their repetition has consequences for an understanding of the challenge that Beauvoir is portraying here. Giving voice to Beauvoir's own indecision, they emphasize that, by having appropriated the decision-making process from her mother, Beauvoir is becoming a bystander to herself. In the conversation between the sisters that follows the nurse's advice, in which Poupette explains the hopes she entertains for the operation, Beauvoir directly contrasts this inner voice with the decision she takes:

"The surgeon wants to try the operation. The blood analyses are very encouraging; her strength has come back, and her heart will stand. And after all, it is not absolutely sure that she has cancer: perhaps it is just peritonitis. If it is, she has a chance. Do you agree?"  
*Don't let them operate on her.*  
 "Yes, I agree. When?" (29)

By reading the nurse's advice from the perspective of its practical consequences, Turner falls prey to the sort of criticism he seeks to overturn, as he ignores the repetition of the advice and its integration into an inner dialogue that reflects Beauvoir's ambivalence and paralysis concerning the decision.<sup>26</sup> In fact, comparing this with the original French text, we find that the English translation lacks one level of grammatical mediation: in the French original, that is, the repetition of the nurse's advice in Beauvoir's conversation with Poupette appears both italicized *and* in brackets.<sup>27</sup> By omitting the brackets, an additional layer of hesitation is suppressed and the shifting resonance

of this hesitation in Beauvoir's original text is distorted. Moreover, it is unclear why the English translation, unlike the French original, does not repeat the same sentence, but offers two variations ("Don't let her be operated on" and "Don't let them operate on her"). Even if the different wording does not change what is implied, it undoes the effect of the nurse's exact words echoing in Beauvoir's mind. The exact repetition adds weight to the nurse's words and highlights that the nurse, by contradicting the doctor and talking to the patient's daughter, undoes a binary communication system between doctor and patient. This positioning undoes the idea of a monolithic and homogeneously paternalistic doctor-patient encounter, while also destabilizing the idea of a united family unit—after all, Beauvoir's hesitations are effectively overruled by her sister's hopes. The text, unlike a case study, gives voice to the unvoiced cacophony that is a patient's family. Both doctor and patient are entirely absent from this key scene.

“Engrenage”: Beauvoir, Flaubert, Sartre

The nurse's words intersect the exchange between Simone and Poupette, but their afterlife also extends beyond the surgery. Post-operatively, after Françoise has endured two days of increasing pain, the nurse's sentence comes to haunt Beauvoir again when she explores her role in not having opposed the surgery in a conversation with Sartre. This conversation exemplifies that a return to the original French wording is necessary in order to grasp the full extent of ambiguity which Beauvoir associates with her role in medical decision-making:

And I too had a cancer eating into me—remorse. “Don't let them operate on her.” And I had not prevented anything. Often, hearing of sick people undergoing a long martyrdom, I had felt indignant at the apathy of their relatives. “For my part, I should kill him.” At the first trial I had given in: beaten by the ethics of society, I had abjured my own. “No,” Sartre said to me. “You were beaten by technique: and that was fatal.” Indeed it was. One is caught up in the wheels and dragged along, powerless in the face of specialists' diagnoses, their forecasts, their decisions. (57)

[Et moi aussi un cancer me dévorait: le remords. “Ne la laissez pas opérer.” Et je n'avais rien empêché. Souvent, quand les malades souffraient un long martyre, je m'étais indignée de l'inertie de leurs

proches: "Moi, je le tuerais." A la première épreuve, j'avais flanché: j'avais renié ma propre morale, vaincue par la morale sociale. "Non, m'avait dit Sartre, vous avez été vaincue par la technique: et c'était fatal." En effet. On est pris dans un engrenage, impuissant devant le diagnostic des spécialistes, leurs prévisions, leurs décisions.]<sup>28</sup>

Sartre's reference to technique, the application of medical skills and expert knowledge, in an attempt to free Beauvoir from her feelings of guilt for not having opposed the surgery, further undoes the binary of the doctor-patient encounter by adding another complicating layer. By calling on the "fatality" of medical expertise, Sartre rejects the very possibility of agency, a concept already destabilized through Beauvoir's non-opposition to the operation. Beauvoir then echoes this when she paraphrases Sartre, and the impersonal "specialists' diagnosis" [*le*] grows into being directly associated with the doctors [*leurs*].

The English translation delivers this variation in tonality and transmits Beauvoir's efforts to take on Sartre's exculpating consolations. Yet the passage is also characterized by another, less translatable, hesitation on Beauvoir's part. Thus we may illustrate that a return to "*its* words"—the original French language—gives additional sustenance to a certain reading of the text that bioethics and/or medical humanities approaches have overlooked by writing about the translation as if it were the original text. "On est pris dans l'engrenage" is the expression that Patrick O'Brian translates as "being caught up in the wheels and dragged along." The translation is accurate, as "l'engrenage" are the gears or the process that traps one in the gears, which is also rendered in the idiomatic phrase: "être pris dans un engrenage."<sup>29</sup> Etymologically, it comes from "engranger," which can either mean "mettre du grain dans un grenier" (to store the harvest), or: "s'emboîter dans les intervalles des dents de la roue voisine et avoir ainsi un mouvement commun avec cette roue" (to fit into the intervals of a neighboring gear and thereby take over the same movement as that gear). This is significant as it highlights that at the roots of the term "engrenage" we find both the active undertaking of a process and a passive conforming to a process already in motion.<sup>30</sup>

While the translation is obviously unable to display this dynamic meaning, one might claim that even the use of "engrenage" in French at the time of the publication of *A Very Easy Death* would not have evoked the term's full resonance. Even if it didn't obscure the etymological roots of "engrenage," though, the translation would still foreclose the specific associations of the word both within French

literature and for Beauvoir specifically. These associations emphasize what those etymological roots already hint at, namely that “engrenage” mediates between an active and a passive voice.

The first association is with Flaubert, and particularly with a key scene in *Madame Bovary*. This is especially relevant given the important role Flaubert played for Sartre; Sartre began working on *L’Idiot de la famille*, his final, unfinished book about Flaubert, in the late 1950s, and continued working on it during Françoise de Beauvoir’s illness.<sup>31</sup> The scene in question concerns an outing of Emma Bovary together with her husband, Homais, and Léon, where they go to see a mill outside Yonville:

Yet nothing could be less curious than this curiosity. A large area of waste ground, where a few gear-wheels, already rusty, lay between heaps of sand and pebble, surrounded a long four-cornered building pierced by a number of small windows. It had not yet finished being built, and the sky could be seen through the roof joists.<sup>32</sup>

[Un grand espace de terrain vide, où se trouvaient pêle-mêle, entre des tas de sable et de cailloux, quelques roues d’engrenage déjà rouillées, entourait un long bâtiment quadrangulaire que perçaient quantité de petites fenêtres. Il n’était pas achevé d’être bâti, et l’on voyait le ciel à travers les lambourdes de la toiture.]<sup>33</sup>

French literature scholar Dorothy Kelly comments that, by focusing upon the seemingly banal observation of the gearwheels, Flaubert constructs an image that merges the passive clockwork mechanism of man’s animal nature with Emma’s awareness of freedom in the sight of the sky—a possibility of hope and agency that anticipates her affair with Léon.<sup>34</sup> Also captured by the image is the juxtaposition of the already rusty wheels which provides the foundation for a new, unfinished building. Flaubert’s use of the image plays on the tension between passive acceptance and active resistance, just as does the etymology of “engrenage.” Given the literary ramifications of “engrenage,” the term’s occurrence in *A Very Easy Death* might, therefore, not only be read as Beauvoir absolving herself by referring to the overpowering nature of technology. Rather, the choice of words encapsulates and subtly perpetuates the “Don’t let them operate on her” by introducing an *almost* mechanical helplessness within the agent. This leaves agency and responsibility—the tension between the “the ethics of society” and Beauvoir’s own ethics—in limbo.

Such a reading is further strengthened if we take into account Sartre's 1946 screenplay entitled *L'Engrenage* [*In the Mesh*], in which he tried to make sense of the phenomenon of Stalinism. As historian Ronald Aronson observes, this work would "become a reference point for Sartre's eventual alignment with Communism."<sup>35</sup> In the text Sartre attempts to combine Marxist and psychoanalytic thought in order to, as Elisabeth Roudinesco puts it, "define a subjectivity capable of uncovering its own thought and identity in those of another."<sup>36</sup> Sartre uses the image of the gearwheels in the screenplay as a way of exploring how the private develops in the public realm. These ramifications of the image of "engrenage" within Sartre's work, but also within the wider context of French literature, should inform a reading of this scene, particularly as they form a refrain to Beauvoir's own recollection of the nurse's words and her intuitive reaction to them.<sup>37</sup> Only a return to the original language and words of the text makes clear that despite her ultimate acquiescence to the surgery, she is unable to not hear, as it were, the nurse's advice and accept that she is just a passive bystander to the decision taken by the physicians. Rather than being suppressed, this advice reverberates throughout *A Very Easy Death*, even if Sartre's allusion to fatality, with all its antique resonances, seeks to free Beauvoir from self-reproach. The inevitability of fate and the powerlessness of human agency with regard to medical expertise implied by Sartre is only seemingly accepted by Beauvoir. With the layered meanings of "engrenage," however, she challenges his interpretation. The English translation misses not only the archeological lineage between Sartre and Flaubert, but leads to an over-interpretation of the passive role Beauvoir finds herself relegated to. In the original words of the text, however, Beauvoir's astute choice of vocabulary makes clear that she uneasily assumes but also resists passivity.

### Beauvoir's Maternalist Ethics of Care

A critical reading such as Turner's overemphasizes Beauvoir's unresisting acceptance of her mother's surgery on the one hand, but on the other it also minimizes the role that Beauvoir plays in not disclosing the cancer diagnosis to her mother (even while acknowledging that she collaborates with the doctors in this matter). Yet Beauvoir herself is outspoken about her active involvement in shielding her mother from the truth. She criticizes a number of doctors and mentions that she resents them for their betrayal of her mother, but she also speaks

of her “deception” (58, 90, 105) vis-à-vis her mother, and even her “betrayal” (45, 96). Her role appears to be more than “complicit,” as Beauvoir describes how she and her sister keep those friends away from her mother who might have broken the silence (“understanding friends who approved of our deception” [90]).<sup>38</sup> Indeed, Beauvoir’s distant descriptions of her mother’s decaying body might be read as an extension of the patronizing and infantilizing position which Beauvoir ascribes to the doctors. French literary scholar Alison Fell reads them as a sign that “Beauvoir shares what Foucault has termed the ‘medical gaze’ of the doctors, which exercises power over the mother’s body by inscribing that body within the discursive context of the clinic.”<sup>39</sup> And Tod Chambers highlights that Beauvoir not only shares the position of the doctors, but even controls them in what he describes as the “lack of polyphony” characterizing her text: “When one looks at the issue of voice in Beauvoir’s memoir, one is struck by how extraordinarily monologic it is. Beauvoir controls the voices of all those around her, especially her mother. In a work that is supposed to focus on the death of her mother, Beauvoir’s literary style signifies her attempt to dominate her mother and essentially bind all others to her view of the world.”<sup>40</sup> Unlike Chambers, who is a bioethicist, some literary critics have not read this monologic voice as domineering but have rather emphasized its procreative aspect. Outlining parallels between *A Very Easy Death* and Annie Ernaux’s account about her mother in *A Woman’s Story [Une Femme]*, French literary scholar Catherine Montfort claims that “both writers are conscious of giving birth to their mother in their narrative and bringing them into the Symbolic order—a literary project which both feel compelled to undertake as a means of coming to terms with the trauma of their mothers’ death.”<sup>41</sup> Indeed, in protecting her mother from her diagnosis, Beauvoir speaks for her mother, blurring the boundaries between her mother and herself: “I had put Maman’s mouth on my own face and in spite of myself, I copied its movements” (31). But she might thereby also take on a maternal role, becoming “the mother she never wanted to be weeping for the child she said she never wanted to have.”<sup>42</sup> In this image of a childless mother caring for her mother as a child, French literary scholar Christie McDonald sees a line of argument that distinguishes “the conceptions of motherhood from those expressed in *The Second Sex*.”<sup>43</sup> Indeed, Beauvoir could be seen as breaking with her own philosophy of ethical freedom when she refuses her mother “the freedom of choice through knowledge.”<sup>44</sup> And if Beauvoir’s uncritical acceptance, rather than silent resistance, to medical authority is emphasized, *A Very Easy*

*Death* is perhaps an even more challenging epilogue to her 1947 *The Ethics of Ambiguity*, with its categorical remarks about our propensity to submit to the authority of others and thereby effectively remain children by evading the responsibilities of freedom.

In *The Enigma of Health*, Hans-Georg Gadamer has compared the doctor-patient relationship to other “fundamentally unequal” relationships, such as that of the father to the son or the mother to the daughter.<sup>45</sup> This juxtaposition is helpful for thinking about the ways in which Beauvoir’s mothering role shapes the doctor-patient relationship. If speaking for the mother in *A Very Easy Death* is read as an image of mothering, then Beauvoir’s assumption of the mother role might—regardless of whether this role is understood as a form of protectiveness, overpowering domination, or both—account for the marginal role given to the relationship between doctor and patient in the text. Indeed, the mother role might even be said to absorb the role the doctor could have played.

Beauvoir’s absorption of multiple caregiving roles becomes even clearer when a nurse describes the mother’s death to her as “very easy” (88). Given that Françoise’s pain was never adequately sedated, this seems at first a tasteless and sarcastic comment. Yet, Beauvoir adds: “indeed, comparatively speaking, her death was an easy one. ‘Don’t leave me in the power of the brutes.’ I thought of all those who have no one to make that appeal to: what agony it must be to feel oneself a defenceless thing, utterly at the mercy of indifferent doctors and overworked nurses. No hand on the forehead when terror seizes them; no sedative as soon as pain begins to tear them; no lying prattle to fill the silence of the void” (94). There is an element of social critique framing this passage, and given that Françoise receives private healthcare and is cared for by her daughters, Beauvoir justifiably describes her death as “upper-class” (95). But Beauvoir also undoes the image of the doctor as a caretaker here. The doctor is not the one stroking her mother’s forehead or helping her to manage her pain either chemically or emotionally. Beauvoir and her sister have taken on those roles. Rather than reading *A Very Easy Death* as an account in which two doctors and two relatives are complicit in shielding a dying patient from a cancer diagnosis, Beauvoir seems to have assumed the primary caregiver role for her mother, whereby she takes on the full responsibility for the emotional and ethical challenges that such a position brings.

This is unknown territory for Beauvoir, which is why at the heart of *A Very Easy Death* there is the confession that the person coming

to the fore in caring for a mother, from whom she had felt estranged throughout her life, becomes a stranger to herself: "Amazement. When my father died I did not cry at all. I had said to my sister, 'It will be the same for Maman.' I had understood all my sorrows up until that night: even when they flowed over my head I recognized myself in them. This time my despair escaped from my control: someone other than myself was weeping in me" (31). It is helpful to juxtapose this with *Adieux: Farewell to Sartre*, a text written almost twenty years later in which Beauvoir documents Sartre's last years. Beauvoir's reaction, once she grasps the terminal nature of Sartre's illness, comes as an uncanny reminder: "I overheard Dr. Housset and another doctor talking, and they used the word 'uremia.' I understood that there was no hope for Sartre and that uremia often brought hideous suffering with it; I burst into tears and flung myself into Housset's arms: 'Promise me that he won't know he is dying, that he won't go through any mental anguish, that he won't have any pain!'"<sup>46</sup>

In *Adieux* Beauvoir documents her role in not disclosing his diagnosis to Sartre. McDonald reads this as a protective instinct and comments on how common it was to not inform patients about the gravity of their illness at that time.<sup>47</sup> While this was certainly common practice, the above passage should be read in conjunction with the very end of *Adieux*, where Beauvoir seems more aware of the ethical dimensions of her choice:

There is one question that I have not asked myself, I admit. It will perhaps occur to the reader. Should I not have warned Sartre of the imminence of his death? When he was in the hospital, weakened and without resilience, all I thought of was hiding the gravity of his condition from him. But before that? He has always told me that in the event of cancer or any other incurable disease he wanted to *know*. Yet his was an ambiguous case. He was "in danger," but would he hold out another ten years, as he had wished, or would everything be over in a year or two? Nobody knew. He had no arrangements to make; he could not have taken better care of himself. And he loved living. He had already found it hard enough to accept his blindness and his infirmities. If he had been more exactly aware of the threat that hung over him, it would only have darkened his last years without doing any good. In any case, like him, I wavered between dread and hope. My silence did not separate us.<sup>48</sup>

French literary scholar Eilene Hoft-March describes *Adieux* as Beauvoir's attempt to combine "speaking for others, speaking for oneself, and acknowledging others in all their difference." These are "difficult and perhaps impossible projects to combine ethically," which is why *Adieux* functions, she proposes, as: "the capstone demonstration of Beauvoirian ethics."<sup>49</sup> As the above passage illustrates, Beauvoir is on slippery ground when seeking to not only retrospectively justify her choice by claiming that it has brightened Sartre's last days, but also by suggesting that she has never asked herself whether this was the morally right decision *despite* knowing that Sartre wanted to know. Her position is ethically even more compromised given that she was not coerced into deceiving Sartre by the medical establishment, and, unlike Beauvoir's mother, Sartre did not nourish the lifelong fear of cancer described in *A Very Easy Death*. Yet Hoft-March contends that it is ultimately "understandable that Beauvoir chose for humane (and thus ethical?) reasons to accommodate what she took to be the emotional health of her closest companion."<sup>50</sup> Beauvoir's choice is indubitably comprehensible, and her lying to Sartre could even be understood as representing a form of social kindness in order to avoid unnecessary emotional pain. Indeed, she might be motivated by the sort of assumptions that the philosopher David Nyberg terms the "overratedness" of the moral value of truth-telling, arguing instead for the "compassionate lie," particularly among friends, because a friend will only tell you the truth: "*when it is in your interest to hear it.*"<sup>51</sup>

But regardless of how charitable we are when trying to make sense of *Adieux*'s closing statement, it indicates that Beauvoir is torn on the non-disclosure of the diagnosis. On the one hand, she presents it as an intuitive decision; on the other she calls it an "ambiguous" case, indicating that it calls for an explanation. This is significant for an understanding of Beauvoir's role in shielding her mother from the cancer diagnosis in *A Very Easy Death* because, by reading the text alongside *Adieux*—where Beauvoir herself urges the doctor not to disclose his diagnosis to Sartre—it is difficult to maintain that she and her sister are "forced to play roles that undermine their desire for authentic relations."<sup>52</sup> Rather, Beauvoir cannot but passively accept the active role she is taking in withholding the truth from her mother—one that is shaped both by her identity as a daughter and her temporary caregiving role, as well as by the patriarchal society that has shaped these roles in turn: "Even when I was holding Maman's hand, I was not with her—I was lying to her. Because she had always been deceived, gulled, I found this ultimate deception revolting.

I was making myself an accomplice of that fate which was so mis-using her" (105). Certainly, unlike in *Adieux*, Beauvoir blames herself throughout *A Very Easy Death* for not having acted otherwise, and yet this refrain of blame clashes with her need to protect and care for her mother. This unexpected need, which finds repetition in *Adieux*, unsettles Beauvoir's emotional self-image and her ethical convictions to the extent that she claims to "no longer understand the doctors, nor my sister nor myself" (81). It thereby sheds different light on medical paternalism and how it can be held responsible for non-disclosure of the cancer diagnosis. Indeed, such a reading encourages us to think that a crucial contribution of this text lies in the ways in which the intervention of an overbearingly protective family can align itself with medical paternalism.

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Josie Billington calls for "deep readings" of literary texts that enable us to appreciate the complexities and difficult questions that a given text can pose with regard to its medically relevant content without thereby limiting our reading to this content.<sup>53</sup> Approaching *A Very Easy Death* through the lens of an outdated doctor-patient relationship characterized by medical paternalism turns it into just another case illustrating the importance of respecting patient autonomy and practicing patient-centered end-of-life care. Such an approach circumvents Beauvoir's own investment in caretaking and the ways in which it puts her existentialist ethics to the test. It also forecloses an appreciation of *A Very Easy Death* as an example of a daughter's need to control an uncontrollable situation. This need does not lead Beauvoir to submit to medical authority, but pushes her to assume the role of a maternal caretaker through which she paradoxically strengthens and sustains the medical paternalism she is opposed to. Such a reading may indeed be challenging to medical humanists as it apparently exculpates *A Very Easy Death's* inhumane physicians, or at least relegates them to a secondary role. Yet this focus on the emotionally and ethically daunting process of decision-making and truth-telling, which entails Beauvoir's nuanced navigating through resistance, submission, and overtaking of medical authority, has the clear advantage of taking *A Very Easy Death* seriously as a literary text.

## NOTES

The author would like to thank Steven Wilson for his perceptive comments on a draft of his article.

1. Billington, *Is Literature Healthy?*, 44.

2. I would like to clarify that my use of the term refers to courses offered as part of medical education but also, more generally, to the sub-disciplines of the medical humanities, such as literature and medicine, and the history and philosophy of medicine.

3. Page references from the English translation of Beauvoir's text will be given parenthetically in the text. I rely upon this translation for this article with the exception of my section entitled "Engrenage," where I outline the need to return to the original French text and therefore give the original French in square brackets.

4. Billington, *Is Literature Healthy?*, 44.

5. I focus upon the critical reception of *A Very Easy Death* from both fields. Downie and Macnaughton have highlighted the separate, but related, nature of the medical humanities which they describe as having both a critical and supplementary function with regard to bioethics (*Bioethics and the Humanities*, 8). While bioethics "emerged as a field alongside medical humanities," it is important to recognize that, unlike bioethics, the aim of the medical humanities is not to focus upon the "practical resolution of ethical problems" (Cole et al., *Medical Humanities*, 2). For my purposes, it seems appropriate not to distinguish between criticism from bioethics and medical humanities journals, as both draw on the text instrumentally and concentrate on how Beauvoir portrays a breach of ethical principles.

6. On Sartre's opinion of the work, see Kadish, "Simone de Beauvoir's," 631.

7. For a selection of comprehensive studies that includes a discussion of *A Very Easy Death* within Beauvoir's wider oeuvre, see Tidd, *Simone de Beauvoir*; Bainbridge, *Writing against Death*; Fell, *Liberty, Equality, Maternity*; and Davis, *Age, Rage and Going Gently*. For articles focusing specifically upon the depiction of death, mourning, the mother-daughter relationship, feminism, and embodied alterity see Bjørnsø, "L'écriture du deuil"; Bonnet, "Une mort"; Marks, "Encounters with Death"; McDonald, "Death of Maternity"; and Miller, "Autobiographical Death."

8. Hughes, *Heterographies*, 119–27; Ogien, *Mes Mille et Une Nuits*, 38–41; Rodgers, "Illness as Metaphor"; Barry, "Ageing Body"; Montfort, "La Vieille Née"; Woodward, "Simone de Beauvoir."

9. If we assume that such a curriculum is intended to enable students to draw instrumental guidance for clinical practice from these texts.

10. Whitehead and Woods, Introduction, 2.

11. It should be noted that one doctor, Dr. P., is described as an exception in this regard: "I liked Dr. P. He did not assume consequential airs; he talked to Maman as though she were a human being and he answered my questions willingly. On the other hand, Dr. N and I did not get along together at all. He was smart, athletic, energetic, infatuated with technique, and he had resuscitated Maman with great zeal; but for him she was the subject of an interesting experiment and not a person. He frightened us" (Beauvoir, *A Very Easy Death*, 52).

12. An example of this is Prof. Dieulafoy in Marcel Proust's *In Search of Lost Time* (Elsner, "À la recherche du médecin philosophe," 109–127).

13. Foucault, *Birth of the Clinic*, 9.

14. See World Health Organization.

15. Bjørnsø, "L'écriture du deuil," 31; Brennan, "As Vast as the World," 86–87.

16. Henri Thoillier first uses the expression "humaniser l'hôpital" in 1943, and in 1958 the "Fédération hospitalière de France" sanctioned this by issuing a ministerial circulation (Nardin, "'Humanisation' de l'hôpital," 586, n. 8).

17. Lefève and Mino, "Former des vrais thérapeutes," 190.

18. Canguilhem, *Etudes d'histoire et de philosophie*, 390 (my own translation). But as Lefève and Mino highlight, it was only towards the end of the century that Canguilhem's view was taken seriously and the medical curriculum was enriched by courses addressing what he felt to be lacking. Jean Rey, Professor of Pediatrics and adviser on medical education to France's Minister of Education, introduced an obligatory course on "Culture générale" as part of the first year of medical studies in 1992. In 1994, this course was replaced by one entitled "Sciences humaines et sociales en médecine," which after the latest reform in 2009 was re-named "Santé, société, humanité."

19. Brennan, "As Vast as the World," 87.

20. Wirth and Hurwitz, "Awareness and Dying," 309.

21. Randall and Downie, *Philosophy of Palliative Care*, 19–21.

22. A repeated motif emphasizing that there is little "direct" communication between doctor and patient is that Beauvoir's mother repeatedly reports on overhearing the doctors' conversations and deducing from them, instead of being spoken to (*A Very Easy Death*, 48, 83).

23. Cole et al., *Medical Humanities*, 26–40.

24. One important exception is an elderly nurse, only ever referred to as Mme Gontrand. Given that Mme Gontrand directly opposes a physician's advice, the fact that her name sets her apart from the other nurses may be read as a way to equate the importance of her council to that of the physician. Kadish has highlighted the importance of naming in *A Very Easy Death*, which she reads as a "feminist strategy for granting or denying significance to people's lives" (Kadish, "Simone de Beauvoir's," 637). She extends this argument to the naming of Beauvoir's mother during her funeral upon which Beauvoir comments: "'Françoise de Beauvoir': the words brought her to life; they summed up her history, from birth to marriage, to widowhood, to the grave; Françoise de Beauvoir—that retiring woman, so rarely named—became an important person" (100).

25. Turner, "Narrative, Thick Description," 122–30.

26. Chambers also highlights that Turner "does not pay adequate attention to the rhetoric of *A Very Easy Death*" (Chambers, "Comment," 132).

27. Beauvoir, *Une mort*, 40: "(Ne la laissez pas opérer.)"

28. Beauvoir, *Une mort*, 80–81.

29. Roudinesco, *Philosophy in Turbulent Times*, 39.

30. See Trésor de la Langue.

31. In an interview with the *New Left Review* Sartre famously claimed that his interest in Flaubert derived from the fact that Flaubert's idea of literature was opposed to his own, claiming even that Flaubert represented the very opposite of himself (Howells, *Sartre's Theory*, 94).

32. Flaubert, *Madame Bovary*, 96.

33. Flaubert, *Madame Bovary* (French text), 145.

34. Kelly, *Reconstructing Woman*, 59.

35. Aronson, *Camus & Sartre*, 96.

36. Roudinesco, *Philosophy in Turbulent Times*, 41. This was in fact the method he wanted to develop before and then employ in his work on Flaubert.

37. Duffy highlights another, medico-literary ramification by reading Emile Zola's *La Bête humaine* as illustrating "l'engrenage psychiatrico-judiciaire"—the intertwinement of psychiatry and the criminal justice system, which according to Foucault emerged in the middle of the nineteenth century (Duffy, *Flaubert, Zola*, 155–57).

38. Brennan, "As Vast as the World," 86.

39. Fell, "Il fallait que ma mère devienne histoire," 170.

40. Chambers, "Comment," 131–33.

41. Montfort, "La Vieille Née," 359, quoted in Jouan-Westlund, "As She Lay Dying," 103. Jouan-Westlund further develops this point by analyzing the topos of silence and silencing the mother in *A Very Easy Death* (Jouan-Westlund, "Les silences").

42. Miller, "Autobiographical Death," 39.
43. McDonald, "Death of Maternity," 63.
44. McDonald, "Death of Maternity," 62.
45. Gadamer, *Enigma of Health*, 113.
46. Beauvoir, *Adieux*, 122.
47. McDonald, "Death of Maternity," 61.
48. Beauvoir, *Adieux*, 130.
49. Hoft-March, "Beauvoir Speaks," 92–93. She reads this as an existentialist manifestation of female autonomy, because "Beauvoir casts Sartre in a role we are uncertain he has freely and self-consciously chosen to play" (99).
50. Hoft-March, "Beauvoir Speaks," 99.
51. Nyberg, *Varnished Truth*, 142–43 (italics in the original).
52. Turner, "Narrative, Thick Description," 128.
53. Billington, *Is Literature Healthy?*, 115.

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