

Assisted Death in the Age of Biopolitics and Bioeconomy

Assisted Death in the Age of Biopolitics and Bioeconomy

By

Anna E. Kubiak

**Cambridge
Scholars
Publishing**



Assisted Death in the Age of Biopolitics and Bioeconomy

By Anna E. Kubiak

This book first published 2020

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

Copyright © 2020 by Anna E. Kubiak

All rights for this book reserved. No part of this book may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright owner.

ISBN (10): 1-5275-5443-0

ISBN (13): 978-1-5275-5443-6

*“This should not have happened. Something happened
there to which we cannot reconcile ourselves. None of us ever
can”*

(Arendt 2002, 53).

CONTENTS

Preface	ix
Part I	1
Theoretical Framework	
1. The Concept of Biopolitics	
2. From Biopolitics to Bioeconomy	
3. Summary and Implications for End of Life Issues	
Part II	33
The Issue of “Biography”	
1. Introduction	
2. Reformulation of the Concepts of <i>bios</i> and <i>zoe</i>	
3. Biographies	
Part III	77
Shaking the Foundations of Biopolitics	
1. Introduction	
2. Ambiguity of the Border Between Life and Death	
3. Uncertainty in Life Sciences and Medical Practices	
4. <i>Aporia</i> of Economization of Dying	
5. Pluralisation of Bioethical Experts	
6. Social Movements and Public Debates	
7. Public Opinion	
Epilogue.....	127
Bibliography	133

PREFACE

“Life as a political object was in a sense taken at face value and turned back against the system that was bent on controlling it”
(Foucault, 1988, 145).

“Resistance to the underside of bio-power in the name of life itself is thus once again a strategy of turning the system back against itself”
(Hoy, 2004, 81).

Assisted death is analyzed by me in the context of the second half of the 20th century and of the 21st century. I regard it as a recent and strictly late modern phenomenon that differs significantly from what the Greeks called *euthanatos*. It is a culturally variable and transformable phenomenon meaning different things in ancient Greece, Sardinia or among Buddhists. Also our reactions to medical aid in dying are situated in the 20th and 21st centuries, be they conservative, neoliberal or leftist, as they are rooted in cultural and social contexts. The resistance to legalization of euthanasia and resistance to laws which punish a person who performs euthanasia must be analyzed within historical societies and their social practices. My perspective is not merely reactive as I draw a positive vision of what may be achieved by social change, following the reflections of Sarah K. Hansen, Jennifer Jane Hardes and Roberto Esposito. My focus is not on death itself but on ways of dying. I do not assert that there are good and bad ways of dying. The point is that there should be accessible a variety of ways of saying “goodbye”. My position relies also on analysis of my consciousness and subconsciousness, in asking the question: “where does my resistance come from?”, and reflecting on this.

I introduce the notion of “assisted death”, grasping both forms of medically assisted death: physician-assisted suicide and euthanasia. To avoid repetition, the terms “assisted death”, “medical aid in dying” and “euthanasia” are used interchangeably in the book. In the bioethics debate, there are arguments regarding such a lack of distinction. For example, Dan W. Brock analyses both types of assisted death (Brock 2009, 258-259). He

observes that despite the obvious difference that in the case of euthanasia it is the doctor who ends the patient's life and in the case of physician-assisted suicide it is the patient who commits suicide, there are many similarities in both cases, 1) The doctor plays an active and indispensable role as the one who delivers the means of dying (fatal dose of medication or mechanisms as in the case of Dr Jack Kevorkian); 2) The intention of patient and doctor are congruent, i.e. both intend to take the patient's life; 3) The choice belongs fully to the patient. In both cases, in a moral sense, it is the patient who acts last, because it is him/her who until the last moment makes the choice: "to be or not to be?".

The aim of this book is to establish a debate over assisted dying in a biopolitical context that influences, to the highest extent, issues of life and death. My approach builds on that of Michel Foucault's and Giorgio Agamben's meaning of biopolitics. I also follow further developments and interpretations of the concept, and regard bioeconomy as the new level of biopower. The old rule of the sanctity of life is replaced by a distinction between lives worthy, and unworthy of, being lived. In the face of new challenges, issues of death as unsocialised (in Jean Baudrillard's sense) become the object of calculation in the strategies of biopower.¹ Transgression of limits of life and death is, in the current culture, associated with power and danger. I ask the fundamental question: do social movements concerning assisted dying, and the debates over it, break the system of biopower or are they simply extensions of biopolitics?

Assisted death is considered here as an ethical and political concept. I use the term "political" in its sociological understanding, i.e. analyses of social relationships in the context of power and public matters. It is the area where a symbiosis of medicine and politics takes place to the highest extent. As Giorgio Agamben puts it:

"A biological given is as such immediately political, and the political is as such immediately biological" (Agamben, 2008, 201).

I look for concepts which would reformulate the idea of assisted death. I try to find an effective form of resistance toward biopolitics, one that supports lives without fabricating also "bare life". I ask the question: how might voices advocating assisted death earn support without disallowing other voices of marginalized, oppressed social groups? I ask

¹ The discussion of assisted dying in the context of biopower has been started - to my knowledge - in a short and rather enigmatic essay by John Protevi (2006) and Todd McDorman (2006).

whose is the power and where it is located. I also show that the biographic perspective is in a way a “rescue category”.

One of the reasons why I introduce the concept of biopolitics from Agamben’s work and the Nazi context is that the critique of euthanasia associates this term with the Nazi practice of non-voluntary death. I also come back to Auschwitz because we cannot escape the experience of the Holocaust. History is still haunted by the lessons of the Shoah. It left the notion of dignity as “illegible, unwitnessable, unrecognized” (Stark, 2018, 107). We also have to remember that pro-euthanasia movements have their eugenic stage.² I develop Agamben’s arguments which go beyond simplistic views referring to the significance of Auschwitz for the present. As Jared Stark argues, “the history and legacy of the Holocaust does not simply clarify confusion by supporting one side or the other in the bifurcated politics of the right to die” (Stark, 2008, 106).

My arguments belong to the genre known as “post-critique” (Hoy, 2004, 18).

“‘Post-critique’ is represented by anti-foundationalist approaches such as hermeneutics, pragmatism, and ‘deconstructive genealogy’. It is challenging the self-certainty of the critical attitude” (Hoy, 2004, 237).

The author must remain open to other possibilities, be ready to be self-critical and has to take into account what Pierre Bourdieu calls its own field, its own standpoint. The critical dimension is achieved by assuming the perspective of genealogy (in Foucault’s understanding of this term). I try to express the awareness of the extent to which my suggestions “presuppose the patterns of oppression that they are resisting” (Hoy, 2004, 3).

“Resistance makes more sense for an approach that starts from the concrete universality of an actual social group than for one that starts from the abstract universality of formal principles as determined through a thought experiment” (Hoy, 2004, 5).

Foucault’s concept of “genealogy” is interpreted by David Hoy who notes:

² Shai J. Lavi (2005) and Ian Dowbiggin (2003) document the alliance of euthanasia and eugenics, dating from the 19th century, where ‘merciful end’ means merciful not only for the patients who wish to escape their suffering but also for those who are identified as a useless burden for a society.

“I myself would express this point in terms of the distinction between the *de re* and the *de dicto*. It is important to understand that it is not Foucault who is claiming *de re* that there is a natural body that resists normalization, but rather the eighteenth century disciplinarians. Foucault will be misread if his *de dicto* statements (which address ways of speaking) are confused with *de re* statements (which are taken as referring to the things spoken about). Foucault sees the *de re* claims in the historical documents as *de dicto* assertions that depend on a certain way of speaking that is perhaps only now being superseded. Thus, he sees that talk about the natural body is historically conditioned by the discursive need to talk about something natural to which the norms are applied (...). The genealogist identifies the historical contingency of the *de re* claims, and thereby comes to understand them as *de dicto* ways of speaking. The genealogical analysis moves from inside the discourse to a position beyond the discourse such that we can understand how the discourse functioned without any longer feeling compelled to talk in just that way. Thus, for the genealogist the very idea of the ‘natural’ turns out to be already discursive and normative, and not the pre-normative or prediscursive reality that the eighteenth century disciplinarians thought they were referring to from inside their own discourse” (Hoy, 2004, 68-69).

Thus I claim that arguments for and against assisted death cannot be universal. It is only possible to analyze assisted death in the context of history, in a specific stage of social and cultural processes.

My book is genealogical in the sense that I do not assume that there is such a thing as “natural death” as this does not refer to the thing spoken about (*de re*) but to the ways of speaking and doing (*de dicto*). In this perspective I notice that “life” is not the universal value in pro-life movements. It is “life” restricted to dying people and embryos or unborn children. The “life” of a prisoner or the “life” of hungry people in Africa is beyond the focus and claims about the precious value of “life” of pro-life movements. If “life” as a universal value were at issue, then participants would mobilize all resources to nourish hungry people, to stop all wars and abolish capital punishment. Why should the dignity of a person at the end of life be a bioethical issue, while letting hungry children die on massive scale is not?

Most people want to live longer, but they also aspire to a particular quality of life. But knowledge about actual costs and disappointments grows. My own resistance grew from self-analysis. I revised my neoliberal values and distanced myself from them. What was left was my fear of finding myself in a helpless situation, of suffering.

From this came the idea of this book: to build a theory of resistance which would not be reactionary. As the book will show, my conclusions seem impractical.

In part one I introduce the theoretical framework of the book. I describe how biopolitics defines life as political and economic and how “bare life” dominates public discussion. The neoliberal ethos encourages decision-making about the time and conditions of dying (congruent with the idea of man as an entrepreneur in all facets of life), but these decisions must be subjected to examination by legal and medical authorities and institutions. In accordance with the model of *homo economicus* and the consumer (in times of biomedicalization), one might expect availability of new treatments such as medical aid in dying. The neoliberal regime treats biological assets as commodities and biocapital.

In part two, I reformulate the concepts of *bios* and *zoe*, showing them as a specific constellation of biopower discourses as opposed to alternative narratives. I propose the theoretical model of a “biography” which I have tested on chosen examples of literature and films. I search for biographies that are expressed in a narration that does not replicate the discourse of biopower.

In part three, I analyze different areas of biopolitics and bioeconomy in order to display cracks in the foundations of biopower. This part is focused on processes and social movements that resist biopolitical and bioeconomic powers. From the other side I observe that this is the reason why biopolitics is undergoing a mobilization in the form of proliferation of norms (e.g. legislative, medical). More and more instruments are applied: medical and bioethical commissions, legislative interventions, churches’ declarations against “death culture” and social “pro-life” movements. However the foundations of biopower display “folds” and there are growing margins, “grey zones”, beyond the core of biopower.

PART I

THEORETICAL FRAMEWORK

“Morality should not be left to vague feeling or an internal conviction that cannot be explained, but should be the subject of rational argument and calculation”
(Flew 2009, 381).

“The right of sovereignty was the right to take life or let it live. And then this new right is established: the right to make live and to let die”
(Foucault 2013b, 62).

1. The Concept of Biopolitics

Introduction

To trace the genealogy of biopolitics—the numerous branching relationships of domination and alliances—which, on the one hand erects a wall for maintaining the *status quo* of penalizing euthanasia and physician assisted suicide; and, on the other, has prepared the ground for resistance movements, the growing cracks in the wall—the key terms of the theory must be discussed. Referenced in this work, they include the concepts of “biopolitics”/“biopower” and “bioeconomy”. By outlining the theoretical framework I will also describe the processes that formulated the late-modern context of assisted death and which set the tone of its discourses: medicalization, the bureaucratization of the dying condition (which lead to the publicizing of decisions made by medical staff in this area, and heightens awareness of doctors and patients), the rationalization of bio-authority, the excessive juridification of issues concerning life (e.g., genetics, new reproductive technologies like *in vitro* and sperm banks) and death (e.g., abortion, euthanasia, physician-assisted suicide), the pluralization of outlooks on life and, as a consequence, the various conceptions of issues relating to life, death, and suffering.

Michel Foucault offers the most influential analysis of relations between life and politics. I must first make it clear that the “lecture” on

biopower I am dealing with is something external to the work of Foucault, as the author did not himself produce any such coherent theory. His reflections on power are instead disseminated through an in-depth analysis of his histories of madness, the criminal justice system, the clinic, sexuality, and racism. Moreover, Foucault reinterpreted his works by jumping between topics and historical periods. Nevertheless, the concept of biopolitics has become an inspiration to many commentators and successors. In my analysis I will point to aspects that are most relevant to assisted death, leaving out issues, such as racism, war, and sexuality.

From sovereignty to biopolitics

Foucault traces the history—or as he says in his specific language, the genealogy—of power devices by drawing on the development of sovereignty characteristic for the feudal society. This kind of power managed the goods, wealth, the land and its products, and consisted of discontinuous and lasting commitments (Foucault, 1998, 45). However, with the bourgeois society of the 18th and 19th centuries a disciplinary authority was created not of commitments but of supervision. The new economics of power refers to bodies subjected to training (Foucault, 1998, 44). The ideal of sovereign power is panopticism, in which the guardian standing at the center of the Panopticon keeps track of all individual gestures and behavior (Foucault, 2014a, 85). Modern monitoring systems in buildings and on the streets are a fulfillment of the dream of Big Brother’s police. Permanent surveillance was, as Foucault says (1998, 45), an essential tool for the creation of industrial capitalism. One may talk of sovereignty using disciplinary-based techniques, as disciplinary mechanisms had to be added to legal systems in order to mask the subjugation of society. Hence, legal theories of collective sovereignty were created (Foucault, 1998, 46).

When considering power over life and death in the age of the sovereign, Foucault argues that this relied on the ability to condemn to death and to allow to live.

“The right which was formulated as the ‘power of life and death’ was in reality the right to *take* life or *let* live. Its symbol, after all, was the sword” (Foucault 2013a, 42).

He demonstrates the process of transferring the technology of power from the sovereign, who has the right to leave alive and sentence to death, to the biopower, forcing upon life the power of “sentencing to life

and allowing to die.” Modern “life administrators” are concerned with “a bare issue of surviving” at the level of the whole population (Foucault, 2010, 94). In other words:

“[...] the ancient right to take life or let live was replaced by a power to *foster* life or *disallow* it to the point of death” (Foucault 2013a, 43).

At one extreme we have anatomopolitical power over the body (disciplinary techniques), and at the other, biopower over the population. As Foucault asserts:

“Introduced in the age of neoclassicism, this combined technology, of dual anatomical and biological profile, individualizing and classifying, directed at the body and on the processes of life, characterizes a power of which the supreme feature is now not killing, but investing life in its all manifestations [...] The era of ‘biopower’ begins” (Foucault, 2010, 96).

So at one extreme, every life is interesting for the administrators because every life is regulated by normative society. No one can escape beyond its jurisdiction. At the other extreme, each is classified as a representative of the population, as an opportunity or a threat.

Jean Baudrillard highlights the politicization of the biological meaning of life and death and the biopolitics of controlling it. He emphasizes the archetypal meaning of the border between life and death in a symbolic exchange, and its monopolization by power. He writes:

“Power, and it is by no means metaphorically, is the boundary separating life from death, a decree repealing the exchange between life and death, border crossing, controlling contacts between two shores” (Baudrillard, 2007, 163).

Biopower, by controlling life also monopolizes death. Power, located in the gap between the subject and his/her body (Baudrillard, 2007, 163), rationalizes life and death. These final issues, “separating groups of the living from the dead, and each of us, from our own death” are, as Jean Baudrillard (2007, 164) says, the archetype of all separations carried out by authority.

“Any form of power keeps a mark of this original separation, because in the final instance, manipulating and handling of death is the basis of sovereignty” (Baudrillard, 2007, 164).

The debating itself over death within the context of rationalization and legalization puts the matter in the hands of administrators. Further, the

appointment of doctors as performers puts power in the hands of the representatives of medical authorities.

“[...] it is essential here to take the choice of deciding about oneself out of one’s own hands and to forward it on to someone else, because no one may freely dispose of one’s own life and death; each of us must get social approval. It cannot even be allowed that life and death depend on biological accident, since a certain amount of freedom would still be concealed. Our basic moral imperative is therefore not only ‘do not kill’ but also ‘do not die’—in any case not in any way you can freely choose—you can die only under the condition that the law, supported by medicine, authorizes” (Baudrillard, 2007, 225-226).

In the face of new challenges, the issues of death as unsocialized become the object of the calculation of the arguments of biopower. Baudrillard also precedes theories of bioeconomy. He refers to economic calculations that revealed the fact of excessive financial funds spent on life support. As Baudrillard (2007, 225) writes:

“It becomes necessary to make a kind of economic choice, which is euthanasia, the half-official doctrine and practice so far.”

The philosopher undermines its humanitarian aspect:

“[...] because it fits perfectly in the medium- and long-term logic of the system itself. The intent is, after all, the strengthening of social control” (Baudrillard, 2007, 225).

By the end of the 18th century and fully into the 19th century, a new economics of power is developing, which—and this is essential for understanding Foucault’s thinking—does not eliminate but completes the old disciplinary technique of power (Foucault, 1998, 238). While sovereign power techniques, anatomopolitics, have been busy with singular bodies in the name of training, the new authority’s mechanisms of power, named biopolitics by Foucault, are busy with the human being at the scale of biological species. The critical concept of “population” appears as the main aspect of the biopower strategy. It does not eliminate disciplinary techniques because it works on a different level. Collective processes—birth, reproduction, health, hygiene, environment, housing, nutrition, migration, and mortality—together with related economic and political processes, become the subject of power-knowledge. New techniques include demographics, along with statistical measurements, policy intervention in the form of birth control, and mortality. Power intervenes to sustain life, and death is the limit of authority. “In the range

of power is not death, but mortality”—says Foucault (1998, 245). An important consequence of biopolitics—especially in the context of the subject of this book—is the disqualification of death. As Foucault maintains:

“That death is so carefully evaded is linked less to a new anxiety which makes death unbearable for our societies than to the fact that the procedures of power have not ceased to turn away from death. In the passage from this world to the other, death was the manner in which a terrestrial sovereignty was relieved by another, singularly more powerful sovereignty; the pageantry that surrounded it was in the category of political ceremony. Now it is over life, throughout its unfolding, that power establishes its dominion; death is power’s limit, the moment that escapes it; death becomes the most secret aspect of existence, the most ‘private’. It is not surprising that suicide—once a crime, since it was a way to usurp the power of death which the sovereignty alone, whether the one here below or the Lord above, had the right to exercise—became, in the course of the nineteenth century, one of the first conducts to enter into the sphere of sociological analysis; it testified to the individual and private right to die, at the borders and in the interstices of power that was exercised over life. This determination to die, strange and yet so persistent and constant in its manifestations, and consequently so difficult to explain as being due to particular circumstances or individual accidents, was one of the first astonishments of a society in which political power had assigned itself the task of administering life” (Foucault 2013a, 43-44).

In the 20th and 21st centuries, the characteristic process of postponing this private moment of death by excessive medicalization and bureaucratization in the last stages of the trajectory of the dying person continues. Elsewhere Foucault writes:

“Everyone knows, thanks in particular to a certain number of recent studies, that the great public ritualization of death gradually began to disappear, or at least to fade away, in the late eighteenth century and that is still doing so today. So much so that death—which has ceased to be one of those spectacular ceremonies in which individuals, the family, the group, and practically the whole of society took part—has become the most private and shameful thing of all (and ultimately, it is now not so much sex as death that is the object of taboo)” (Foucault 2013b, 67-68).

At the same time, through death man escapes power (Foucault, 1998, 245). Biopower, by its dispositifs, instructs us how to live longer, which is sometimes in contrast with what individuals wish. Medicine becomes “the political technique of intervention” (Foucault, 1998, 250).

The symbolic figure of the transition from sovereign power to biopower is Francisco Franco:

“[Franco] was the bloodiest of all dictators, [he] wielded the absolute right of life and death for forty years, and at the moment when he himself was dying, he entered this new field of power over life which consists not only in managing life, but in keeping individuals alive after they are dead. [...] Thanks to [...] the actual exercise of political biopower, we have become so good at keeping people alive that we have succeeded in keeping them alive when, in biological terms, they should have been dead long ago” (Foucault, 2003, 249).

These words sound familiar to anyone who has taken care of a relative in the terminal stage of life.

Medical authority, within the scope of competence, has achieved a high level of interference with nature. The historical project on control over the human body, whose founding fathers were Rene Descartes, La Mettrie, and Francis Bacon, resulted in an ambition to reign over nature (Turner 1997, 193). This is expressed in the conviction that death is the defeat of medicine. The phenomenon of death is rationalized as something measurable, predictable, and able to be manipulated (Turner 1997, 193). As far as death is concerned, the most explicit change is a prolonged (and maximally lengthened) process of dying. Medicalization is accompanied by an increasing bureaucratization, accompanying even the hospice movement (Kubiak and Surikova 2010). Officials of particular institutions, institutions that follow strict reporting and regulative procedures, have replaced family physicians. This, in turn, entails the publication of the details of death and its causes. Where there is a need, institutions of the court and public prosecutor are included in these proceedings. Thus they have all come to be recognized as the wide array of authorities considered competent to speak and intervene in the name of life and death. Excessive codification and juridification of morality has eclipsed individual ethical decisions. Any activities that violate the law are immediately noticed, restrained, and penalized. Bureaucratization, along with rationality of morality, precludes the privacy of death, from its causes and condition all the way up to the funeral.

On the other hand, processes of individualization, the emancipation of “my wish,” transfer the responsibility for decisions to individuals. Anthony Giddens (2006) elaborates on the concept of self-reflexivity. The decay of the common symbolic universe created a space of universes competing with each other (Luckmann, 1996). At the same time there has

been a growth in diagnosing and prognosing possibilities and, along with the rise of patients' rights and a change in patient-doctor relations, the necessity of informing patients. Thus, terminally ill people are aware of the experience to come and are given the opportunity to decide whether or not to become reconciled to it. This is specifically expressed in practice, starting with the role of patients' rights and their decisions regarding modes of treatment, analgesics, life-saving procedures, and "living wills." The value of autonomy and a person's dignity is the crowning argument in the debate on assisted dying. This debate is influenced by various approaches—depending on particular worldviews and doctrines—to the issues of termination of life, medical practices, the sense of human suffering, and to treating the bodies of the dying and the dead.

Simultaneously, according to Foucault, expansion of the space of rights and freedom is only within the frame of the process of mutually superimposing control constraints and ascribing a private life to biopolitics. The right to live is strictly related to the ban on dying and the obligation to care about a biological body, the *corpus*. In addition, as other authors have observed, self-reflexivity, being part of neoliberalism and the capitalization of health and life, is consistent with biopolitics (Ryan, Morgan and Lyons 2011). The juridico-medical form of biopower influences, to the highest extent, issues of life and death. Life and death become political objects in the hands of medical and legislative mechanisms, which control, monitor, and organize collective vitality, morbidity, and mortality from its interior.

Thus, I observe an *aporia* of cultural processes: individualism, the value of autonomy, self-reflexivity, and the widening scope of new decisions on one side, and bureaucratization, the accumulation of instruments of authority in the hands of medicine (practically evident in the form of the ability to prescribe medicaments), and legislation permeating issues of life and death on the other. This *aporia* is conceptually reworked by Foucault in his reflections on norms.

Biopolitics and norms

The concept of "biopolitics," used interchangeably with the term "biopower," is a widely understood system of power-knowledge expressed in the discourses, techniques, and strategies pervading and supervising social behavior. In other words, "biopower" is described by Foucault as the collection of "phenomena and mechanisms leading to the fact that certain essential biological characteristics of the human species could be

included in the policy area, becoming the subject of some political strategies, a general strategy of power” (Foucault, 2014a, 23). It is about managing the general behavior of individuals. The concepts of “governing” or “disposition” refer to the various mechanisms of power aimed at directing the conduct of people. But the idea is that dispositifs make individuals conduct themselves according to social norms. Society managed by biopower is a normalizing society. The developing of norms—the effect of action at the population level—allows management of the public both at the level of the individual body using discipline techniques, and at the level of population using regulating and security mechanisms. The norms become more important than the juridical system of law because they are internalized by individuals. Hoy (2004, 66) notices:

“The mistake to which Foucault is pointing involves the way the normal is taken as a norm. He is not trying to substitute other norms, but instead he is trying to deflate the tendency to think that there can be only one set (presumably, one’s own) of normal, socially normed ways to exist or that everything we do must be measured against such social norms. The point is not to make a better distinction between the normal and the abnormal, but to challenge the social use of that very distinction.”

Biopolitics requires continuous regulatory mechanisms (Foucault, 2010, 99). Its arms are security technologies, which are the central category for contemporary (1970s and 1980s) biopower. Travestying the work of Ulrich Beck (2002), one might say that today we are dealing with a public busy strengthening its security because of proliferating risks. At population level, whose condition depends on many factors, one cannot interfere with decrees. One cannot directly introduce procedures and regulations by means of device power. Law, with its decrees—relevant to the sovereign era—gives way to priority standards that are developed by statistical calculation. Standards increasingly refer to bourgeois society, followed by the middle class—the social class representative of liberalism. The knowledge associated with the power of biopolitics is represented by the life sciences, medicine, and economics. The biology of the human species becomes the object of a politics that directs its attention to demography and medicine. Population is central to the development of this power-knowledge. It becomes a source of prosperity and power (Foucault, 2014a, 89). Foucault draws attention to the fact that the biological side of humanity enters the arena of politics with these meaningful words:

“For millennia, man remained what he was for Aristotle: a living animal with the additional capacity for a political existence; modern man is an

animal whose politics places his existence as a living being into question” (Foucault 2013a, 47).

The life of the species becomes the core of the political game. However, in order for this to happen it must be controlled. The mechanisms of the device of the population require more complex knowledge than the supervision of individuals and territory does. The population is primarily a problem of bioeconomy (Foucault, 2014a, 98). Therefore, important branches of knowledge for biopower are biology, medicine, and economics. Together with developing statistical techniques and demographics, they become the political economy of liberalism.

Liberalism

In *The Birth of Biopolitics*, Foucault shows the creation in the 16th and 17th centuries of the close bonds between the economy and governance practices. The study of economics includes reflection on the effects of the techniques of governance. Liberalism is closely related to biopolitics. One must ensure freedom and security for citizens at the same time, through control procedures. Liberalism is treated here as a principle of the rationalization of governing, in order to make sure that governance is not a goal in itself (Foucault, 2011, 382). Liberalism responds to issues such as

“[...] approaches to the phenomenon of ‘population’, with its specific effects and problems, while at the same time remaining inside a system that respects the rights of subjects (the collective sovereign) and the free initiative of individuals” (Foucault, 2011, 381).

The arena that becomes the laboratory of biopolitics and the test of efficiency is the market. At the same time, state intervention is reduced. The objective is to provide connections “between an individual seeking to profit and an increase in the common wealth” (Foucault, 2011, 385). Freedom plays an important role as a free game unit of individual interests of the market economy. Participants in the nascent civil society are to be guaranteed rights in order to develop their own interests in accordance with the trajectory of *homo economicus*. A liberal rationality of governance shapes its subjects as “entrepreneurs” of themselves. The paradox of liberalism, however, is that this is accompanied by the need to “implement a variety of security mechanisms.”³ Freedom and security

³ *Ibid.*

have become the two poles between which the rules of liberalism are played, as the French anthropologist Dominique Memmi shows.

Memmi examines the process of the removal of penalties in the practice of corporeal issues relating to the beginning and end of life, which she refers to as biopolitics. What are at stake, what form the focus of her arguments, are the new procedures of biopower. She names these new mechanisms “financial incitement” (Memmi 2003, 646) and “biographical compliance” (Memmi 2003, 648). The author assumes that national health insurance will cover the costs of contraception, abortion, *in vitro* fertilization, palliative care, and euthanasia. Access to financial cover is one of the main tools of contemporary biopolitics. But the most important strategy of biopower is “biographical compliance.” As Memmi notes:

“Decriminalization and the provision of financial cover were not granted without something in return” (Memmi 2003, 648).

The individual who wishes to act on his/her body has to go through procedures in which authorities such as doctors, lawyers, and psychologists expect him/her to discover the truth about his/her decision. One must present a narrative about the reasons why one wants an abortion or needs *in vitro* fertilization. In the case of end-of-life issues, one has to convince the physician that what one is demanding for oneself is a “rightful death”, a “good death”, or a “death with dignity”. The ability to express one’s wishes requires special knowledge about the sorts and ways of arguing, about special formulas. One has to convince authorities that one is going to use one’s body reasonably. This delegation of control over one’s body from the state to the citizen is the characteristic shift in the functioning of biopower today, as we discover after reading Norbert Elias (2008) explored by Memmi and Anthony Giddens (1991). But Memmi emphasizes that it is not a question of broadening individual autonomy but rather a different form of social control in which individual decisions must be congruent with social norms. This expectation, and actually the only obligation put upon the individual is, as Memmi describes, “governing social behavior through speech” (Memmi 2003, 648). Here the control mechanism is the obligation on the citizen to prove that he/she has adequately internalized the discourse of the state (Memmi 2003, 655). “Policing the body turns into policing narratives”—says Memmi (2003, 655). She argues that these narratives, judged as legitimate or not, are part of the tradition of confession in the Church. Thus, they are long-standing secularized procedures in which authorities have become the new clerics. Memmi also observes that Foucault’s argument about biopolitics which

refers to the ability “to sentence someone to live and let someone die,” is now broadened and more diversified. It is possible to “make someone die” in cases of abortion and euthanasia.

Anne Ryan, Mandy Morgan and Antonia Lyons (2011) outline the genealogy of the construction of discourses on euthanasia. They trace the meaning of the notion of “euthanasia” from its Greek root, through Christianity, to the modern process of medicalization. They also show how the growing rights movements promoted the common belief that individuals have the right to control their bodies and therefore their death too. The argument for the value of “autonomy” is only theoretical, according to the authors, because they regard euthanasia as being an extension of medicalization. Assisted death, as conducted with the help of doctors, is the new treatment of the terminally ill. But the critical point is to properly engage in discourses with doctors. The value of autonomy is related, by the authors, to the ideology of liberalism. As a form of self-reliance, it is the continuous development of biopower in the form of internalized norms. These factors, together with an aging society and biotechnological possibilities for prolonging life, influence the governing of death (Ryan, Morgan and Lyons 2011, 5). The authors also implicate others factors, such as burgeoning health costs and the growing number of people who are economically unproductive. In conclusion, the authors state that euthanasia does not come from freedom of choice but is related to “an escalation of governmental power” (Ryan, Morgan and Lyons 2011, 6). Discourses on freedom of choice and controlling one’s death are only masks of the biopower. Furthermore, Valerie Hartouni and Etienne Pelaprat (2012) suggest that the right to die is part of a “neoliberal ontology” of freedom based on personal choice, interest, and autonomy. Sophia Mihic (2008) argues that an individual’s appeal for the “right to die” is not entirely “free” because the liberal individual’s “freedom” is constructed within a broader governance power. According to this author, assisted dying appellants proliferate because they internalize a neoliberal ethos. Mihic (2008, 170) argues that

“[...] advocates of physician-assisted suicide conceive of the self as human capital.”

This means that

“[...] the dying patient is supposed to take into consideration the welfare of her or his loved ones. In the neoliberal human capital model, parents who love their children will try to close the self like a firm; they will try to die as efficiently as possible” (Mihic 2008, 180).

Biopolitics of the Church

Foucault did not introduce the concept of “biopolitics of the Church”. However, in the context of the position of churches and their supporting role in pro-life movements in western Europe and the U.S.—which play an important role in the social debate and conflicts concerning the legalization of assisted death—the concept seems apt for describing the strategy of this important agency. In his work *Security Territory Population* (2014a), Foucault plots the roots of the idea of governing from the organization of pastoral authority and the government of the souls of the Orient as opposed to the beliefs of the Greeks. The idea of pastoral authority is the idea of a shepherd watching over his flock, which is a population, unlike the Greek gods who held vigil over a territory. The most important relationship between the shepherd and his flock is the relationship of obedience of all its participants. An important tool in the government of souls becomes a technique for self-understanding and the disclosure of guilt (Foucault, 2014a, 197), which is analogous to the mechanisms of the normalizing society in which participants conduct themselves. Its most visible manifestation is the confession—the universal and the individual in the confessional. One must bear in mind that even in the 21st century, regular individual confession is a common practice of Catholics in Poland. However, as Foucault observes, confession, which imposes the obligation to disclose the truth, is only the most visible and superficial expression of the Church's control over society. The conduct of souls refers to steering others and watching over the way in which someone leads or gives you the lead (Foucault, 2014a, 203). Here, Foucault stresses the importance of the dual meaning of “conducting” for the development of Western culture: conducting someone in order that he properly conducts himself.

Baudrillard also inspires my deliberations on the biopolitics of the Church. He states:

“The institution of death, as the institution of post-mortem life and immortality, is the very late political achievement of the political rationalism of the clergy and church caste, whose power is based precisely on the management of the imaginary sphere of death” (Baudrillard, 2007, 182).

“The political economy of personal salvation” (Baudrillard, 2007, 184) obliges the Church and its devotees to be opponents of assisted death. The Church's position on the issue of euthanasia is derived from the

doctrine of the holiness of life as a gift from God and the creation of man in the image of God.⁴

In the biopower era, the discourseification of embodiment, biology, gains even greater intensity in the 21st century than the evolution of pastoral care did following the Council of Trent, according to Baudrillard. The Church watches life, isolated in its corporeal form (Campbell and Sitze 2013, 14). Beginning- and end-of-life issues, together with ideals of what constitutes a “proper” (heterosexual) family, become the main issues of Church biopolitics. In matters of sex, the Church faces the contemporary problem of increasing, and increasingly organized, LGBT movements.

The importance of the authority of the Catholic Church in medical circles can be witnessed in many ways. For example, in 1957 during a medical conference, doctors turned to Pope Pius XII with questions concerning the conditions under which life should be artificially supported, and whether a patient in a coma could be regarded as dead. The Holy See approved the division into extraordinary and ordinary life-support systems. Pope Pius XII decreed that the artificial life-support of patients who have no chance of recovery is an extraordinary activity and is not morally obligatory.

The management of sexual practices through confession, which since the time of the Counter-Reformation has been associated with numerous guidelines with questions and answers, was supplemented in the second half of 20th century by matters of birth and death. The Catholic Church declares its opposition to *in vitro* methods. While the state authority in Poland attempts to deal with the sick and old, poorly and with little success, the Catholic Church signals its opposition to euthanasia and tries to silence public debate on the topic where other voices would express their opinions. For example, Archbishop Sławoj Głódź stated in his sermon during a 2009 resurrection mass that such a debate serves to propagate the “civilisation of death” and immoral laws, and thus should not be discussed. The political economy of personal salvation of the Roman Catholic Church requires one to be an opponent of assisted death. The Church has been taking to the floor in discussions on matters relating to the body for many years, but recently its discourse has intensified on the issues of reproduction and dying. One good example is *Dignitas personae*,

⁴ The concept of holiness of a life, in the context of assisted death, is described in detail by Chańska (2009, 13-48).

an instruction by the Congregation for the Doctrine of the Faith, which sets out the Vatican's bioethical interpretation. It focuses on criticising *in vitro* methods and elaborates on sexual life in detail. The notion of "sanctity of life" became the main problem in the debate of the Catholic Church at the pontificate John Paul II. He often spoke and wrote against the so-called "civilisation of death."

This outline of biopower theory is not an analysis of its essence; rather, it is the description of some of its levels and manifestations relating to prolonging and caring for people as species. Examined by Foucault, these phenomena are manifestations of governing in relationships of domination and variation (Foucault, 2014a, 24). For Foucault power is more a process, a dynamic game of forces in the form of institutions and the hegemony of social relationships, reference points, formulae, laws, norms, and regulations to dominate the resistant. Power relations are unstable, and in most cases local and historical. Power is not something external to the field, but an immanent factor creating inequality and hegemony. As Foucault points out:

"[...] power is neither an institution nor a structure, or anybody's power; it is the name of the granted complex strategic situation in a given society" (Foucault, 2010, 67).

Biopower, however, is not omnipotent. Rather, it creates so many systems of control, regulation, and security because power always encounters resistance. This issue will be discussed further in the third part of the book.

"Bare life"

Giorgio Agamben considers biopolitics to be the root of Western political activity both in liberal democracies and in totalitarian systems. The philosopher refers to Aristotelian notions of *zoe* and *bios*. In ancient Greece *zoe* was a life as such and belonged to *oikos*, private life, whereas *bios* was a good life and belonged to *polis*, a public life. Biopolitics of modern Western societies is directed at exposed "bare life" which is a new constellation of *zoe* and *bios*. *Zoe* is equated with anonymous, biological life, as opposed to *bios*, which is civil life (Agamben, 2008, 170). But nowadays it is biological life which is the centre of political life. This distinction is crucial to Agamben's argument: if, in ancient Greece, biological life was placed as an object of reflection outside of the sphere of the political, the decisive event of modernity was the entry of *nuda vita*

into the sphere of polis—the politization of biological life as such (Agamben, 2008, 13). “Bare life” is a border line sphere of non distinguishability between *bios* and *zoe* (Agamben, 2008, 20). It is the product of biopolitical legal act, in ways the sovereign state, based on the logic of exception, defines human subjects. The implications are as follows: “bare life” is connected with law in ways which exclude a discourse about life outside legal order; there is no return to the category of *bios* as a political life. So the first step of modernity was a separation of *nuda vita*, and the second step was an inscription of “bare life” (centered on *zoe*) into a legal-political order (Mościcki, 2012, 139-140). This threshold means bringing “to light the secret tie uniting power and ‘bare life’” (Agamben 2013a, 145), because

“[...] the inclusion of ‘bare life’ in the political realm constitutes the original—even if concealed—nucleus of sovereign power. It can even be said that the production of a biopolitical body is the original activity of sovereign power” (Agamben, 2013a, 145).

As Thomas Lemke notes:

“Whereas the advent of biopolitical mechanisms in the 17th and 18th centuries signaled for Foucault a historical caesura, Agamben insists on a logical connection between sovereign power and biopolitics. That is, biopolitics forms the core of the sovereign practice of power. The modern era signifies, accordingly, not a break with the Western tradition but rather a generalization and radicalization of that which was simply there at the beginning. According to Agamben, the constitution of sovereign power assumes the creation of a biopolitical body. Inclusion in political society is only possible, he writes, through the simultaneous exclusion of human beings who are denied full legal status. Modernity is only radicalizing the essence of sovereignty” (Lemke, 2011, 53-54).

The main objective of the book *HOMO SACER* (2008)—described as a continuation of Foucault’s work—is to find the crucial place where biopower creates “bare life”. Agamben refers to Foucault’s statement about “a real political ‘double bind’, constituted by individualization and the simultaneous totalization of structures of modern power” (Agamben, 2013, 144). The objective is to find the center of power where the “double bind” is founded. This question is formulated in other words, as: “In what way does ‘bare life’ dwell in the polis?” which corresponds with another: “In what way does the living being have language?” (Agamben 2013, 140). Agamben suggests that what is new in modernity is not “the inclusion of *zoe* in the polis which is, in itself, absolutely ancient” (Agamben 2013a, 147), but that *bios* and *zoe* “enter

into a zone of irreducible indistinction” (Agamben 2013a, 147). But as his works show, this “zone of irreducible indistinction” is actually the disappearance of *bios* and the taking of the whole space by “bare life.” “Bare life” becomes the object and the subject of the political order. Agamben points to *aporia*, as “bare life” is the object of subjugation and the subject in public life. In this process lies the fall of democracy, because “bare life” becomes the hidden fundament of Western political orders. Here Agamben sees the decadence of modern democratic societies that have become mere “societies of spectacle” (Debord, 2013) and which are concentrated around “bare life.”⁵ The political consequences of this are enormous:

“Today politics knows no value (and, consequently, no nonvalue) other than life, and until the contradictions that this fact implies are dissolved, Nazism and fascism—which transformed the decision on bare life into the supreme political principle—will remain stubbornly with us” (Agamben 2013, 141).

In this way Agamben resolves the *aporia* I mentioned, of processes of individualization and self-reflexivity on one side and overjuridification and bureaucratization of life and death matters on the other. The subject of political process is always *corpus*, so modern democracy guarantees freedom of citizens but their freedom is limited as they are only examples of *corpus*, “bare life”.

Analyzing the figure *homo sacer*—life that cannot be sacrificed but may be killed without punishment—Agamben discovers the source of the modern meaning of the notion of “sanctity of life”. He assumes that the structure of *sacrum* “is the outcome of uniting two features: impunity for killing and exclusion of sacrifice” (Agamben, 2008, 113). In Roman philosophy of law, *homo sacer* represented this unity. As Agamben notes:

“Life which cannot be sacrificed but which can be killed, is a saint’s life” (Agamben, 2008, 115).

⁵ Renée Newman-Storen (2013) on the example of the case of Terri Schiavo shows regulatory functions of biopower incorporated in the neoconservative administration of the government of President George W. Bush, pro-life movements, religious leaders, and Terri’s family. All the battles are interpreted as “the performance of contested truth formations” (Newman-Storen 2013, 43). In the example of Agamben’s “bare life”, Schiavo “became a tragic puppet for the various ideological factions” (Newman-Storen 2013, 50). Video clips at Terri’s bedside became media spectacles, performances watched not only by Americans but the whole world.