The “theoretical-juridical” model of morality, as Margaret Urban Walker (1998) has usefully styled it, has been under siege for some time now. A number of moral theorists have rejected the idea that morality consists of a solitary judge applying lawlike principles logically deduced from a comprehensive, impartialist, universalist moral theory to the specifics of an instant case. Bernard Williams (1981), for example, famously observed that the theoretically unlimited demands of impartialist systems of morality elbow out much that gives meaning to life, including anything that could inspire us to take any moral goal seriously. Michael Stocker (1987) criticized such systems on the grounds that their impersonal stance prevented them from capturing what is morally significant about such interpersonal relationships as friendship, love, or community. Feminist ethicists argued that the model’s transcendental “view from nowhere” was actually a view from male privilege that failed to take women’s interests and experiences seriously. Postmodernists challenged the model’s representation of the moral subject as a unified self with a private, disembodied consciousness.

Within bioethics, the classic challenge to the theoretical-juridical model was issued by David Burrell and Stanley Hauerwas (1977). They argued that because the model separated moral agents from their interests, provided no account of how moral selves are formed, and reasoned from principles stripped of all cultural content, it presented a distorted view of the moral life. Reason divorced from a specific historical community with its own particular standards of rationality, they claimed, was too abstract to be action-guiding for that community. Moral reasoning, in other words, must always be linked to a culture’s story. Accordingly, Burrell and Hauerwas urged a form of rationality based on narrative. The capacity of narrative to connect contingencies – this because of that, then the other – made it possible to understand the relationships among them and so, they claimed, made them morally intelligible. Moreover, narratives were morally normative in that they shaped our perceptions and molded our moral sensibilities. While other communitarians within bioethics were later to pick up many of these themes, narrative has not played a specially prominent role in their work (although H. Tristram Engelhardt, who might be dubbed a communo-libertarian, opens his
monumental *Foundations of Bioethics* with a foundation myth depicting the “collapse of the hegemony of Christian thought in the West” and an Enlightenment unable to fill the void, as a means of motivating his own version of ethics and public policy). Outside of bioethics, however, Alasdair MacIntyre (1984) is perhaps the best-known proponent of the approach to ethics advocated here.

At about the same time as Burrell and Hauerwas threw down the narrative gauntlet, courses in the humanities began to be introduced into the curricula of U.S. medical schools. Drawing on literature, philosophy, anthropology, sociology, religious studies, history, and law, such courses offered first- and second-year medical students new perspectives from which to reflect on the ethical issues surrounding the profession for which they were fitting themselves. The people who taught these courses from the “home” discipline of literary criticism were, naturally enough, interested in the contributions that reading great works of literature might make to these reflections. At the same time, however, they applied the tools of literary criticism to various practices in medicine that they treated as literary texts. Because much of the work in what might be called narrative bioethics has emanated from people trained in literary criticism, most of the claims for the moral work that narratives can do in a medical context center on literary narratives and the tools of textual criticism. Joanne Trautmann Banks (1982), Tod Chambers (1999), Rita Charon (1994), Robert Coles (1989), Anne Hunsaker Hawkins (1993), Anne Hudson Jones (1987), Martha Montello (1997), Kathryn Montgomery (formerly Hunter) (1991), Lois LaCivita Nixon (1997), and Suzanne Poirier (1999), among others, have done important work in this area.

Another narrative approach to bioethics has centered less on literary narratives or textual criticism than on the stories that patients tell about their experience of being ill. Illness narratives have long been a popular literary genre, but in the late 1980s, bioethicists began to argue for the *moral* importance of telling one’s story of sickness. Patients needed to tell these stories, it was claimed, as a way of responding to what was happening to their bodies, and in particular, to the impact that their illness and its treatment was having on their self-understanding. Further, if patients needed to tell these stories, doctors also needed to hear them, for only by understanding and responding to the patient’s story could the physician hope to heal. Those who have written about the importance of telling and hearing stories of sickness include Howard Brody (1987), Arthur Frank (1995), Arthur Kleinman (1988), David Hilfiker (1994), Kathryn Montgomery (Hunter) (1991), Oliver Sacks (1985), Richard Selzer (1994), and Abraham Verghese (1994).