7

Is there a Doctor in the House?
The Examination of an Idiosyncratic Interpretative Approach

Ferenc Kocsis

Irodalomelmélet I. 2nd Prize, 2009

The aim of this paper is to examine and recognize the unique nature of the interpretative process that can be witnessed in the popular TV-series *House MD*. Combining the methodological approaches of the main trends of detective fiction with post-structuralist reading techniques, House and his team can succeed where other doctors have already failed.

Introduction

First of all I would like to give a very brief overview of this series. The main character Gregory *House MD* the head of the Department of Diagnostic Medicine at the Princeton-Plainsboro Teaching Hospital in New Jersey. He has a rather awkward approach to his patients and to other people in general. His misanthropic behavior can be witnessed in his basic assumption which also became the motto of this TV show: "Everybody lies." House and his team of highly specialized doctors only work on cases that could not be solved by any other diagnostician: very special and rare occurrences of odd diseases and conditions. Each episode focuses on a single case beside a long term plot that characterizes the given season. The methods used to diagnose and treat the patient are sometimes dangerous and raise questions about ethics. Most of the time the choices made by House prove to be right but sometimes it seems to be sheer luck that leads to the solution. Gregory House's sole concern is to solve the case itself, curing the patient just happens as a byproduct. In this sense House is not like an ordinary doctor, he does not cure patients, he solves medical mysteries.

The main section will establish the analogy between the figure of the detective and the diagnostician. Besides the numerous stylistic and methodological similarities, the most important basis of this analogy is the shared role of these two figures: interpretation. I will pinpoint these interpretative similarities with the reading strategy represented by the classic British detective genre, the hard-boiled approach and the anti-detective model. The combination of these main trends of detective fiction will form the core of the interpretative approach utilized in *House MD*. The works of Tamás Bényei and Stefano Tani proved to be extremely helpful in examining the structural and methodological features of the genre of detective fiction.

The second main section examines one side of the interpretational process: the doctors. Is it only teamwork, the common cause and difference in opinions and personal traits that makes this particular team so successful or is there something more behind this? House finds delight in using metaphors to code his thoughts/ideas forcing his subordinates to flex their minds just to decipher the surfacing pieces of the medical mystery at hand. I claim that a metaphor can be applied to uncover the cause of their success. The members of this interpretative community take on the form of the object of their examination: the body of the patient. They are organized into a structure that bears close resemblance to a living *organism*. I gathered the necessary information about the function and structure of the various organs and systems in focus of my research using the renowned essential guide to the human anatomy *Gray's anatomy*. The article "Structure, Sign and Play" by Jacques Derrida helped me to determine the ambiguous position of Gregory House in the above mentioned *organism*.

In the third main section the focus of my research will shift to the other side of the interpretational process: the patient. Can one look at a human being as a *text* that has to be deciphered and interpreted to be able to help that individual? Or is it impossible and unacceptable to reduce a living person to a mere list of signs? The third chapter weights the *raison d'étre* of both positions and gives justification to my final assumption: a precise combination of the above mentioned positions is in play. *A bioetika alapjai* by Dr. József Kovács provided the necessary information about the field of medical ethics, one of the possible approaches and Charles W. Morris' theories of semiotics as presented in *A jel tudománya* by Horányi and Szépe provided insight into the other possible approach.

1. From Detective to Diagnostician

House is combining methodological elements that proved to be efficient either in the classic British model (the use of logic, being detached from the case itself), or in the American hard-boiled model (raising doubts, breaking the rules if necessary, and gathering a lot of first-hand information on the patient), or in postmodern anti-detective fiction (experimenting with the strict structure of detective fiction to examine theoretical assumptions about literature itself).

The detectives of the anti-detective genre are condemned to fail. It is impossible for them to tackle all the deviations from the classic structure of the genre. No matter how skilled or determined the protagonist is, he fails on his own.

But even his skills alone are not enough to solve every medical mystery he encounters. No matter how exceptionally great House is at his profession, he never solves the cases all by himself. He needs his team of "overqualified specialists" to aid him in the process. But his team is incapable of solving a mystery without the leading figure – House - as well. For example in the eighteenth episode of the third season when House encounters a case while at a remote location (an airplane where using mobile phones is out of the question as well) he uses three complete strangers who take the role of his original team members (at least in their approach to House's theories and not medically for the three people are completely unskilled). There are numerous examples for the incompetence of the team solving a case without House such as the tenth episode of season two or the tenth episode of season three. House and his team are in a mutual relationship realizing a new, possibly successful approach to detection.

Teamwork is a commonly used method in the field of medicine. Due to the enormous amount of technical and theoretical knowledge one has to acquire in order to be able to recognize and treat conditions and illnesses in his given specific field, it would be impossible for one person to hold all that information alone. So the theme of medical mystery proposes a new approach to the method of detection in general. Employing teamwork and combining the methods of the earlier two models, the members of the team act as a symbiotic *organism*.

2. From Organization to Organism

In this main section I will examine one side of the interpretative process: the doctors. Is it only teamwork, the common cause and difference in opinions

and personal traits that makes this particular work unit so successful or is there something more behind this matter? House finds delight in using metaphors to code his thoughts/ideas forcing his subordinates to flex their minds deciphering the surfacing pieces of the medical mystery at hand. A metaphor can be applied to uncover the cause of their success. The aim of this chapter is to explain the nature and set-up of this structure.

The team with its participants can be looked at as a unified *organism*. The different doctors function together just the like parts of a body in order to reach the collective goal: finding the only accurate answer to the question presented to them. This primal image represents a basic cornerstone of human thinking. The anthropomorphic image of team effort presupposes the functionality of this phenomenon. The building blocks are only capable of performing simple tasks, but collocated into an exquisite structure they become capable of performing complex actions that are needed to archive the higher goal. This team of highly trained specialists covers all the major diseases and conditions that pose the greatest threat to human life according to the statistics: *Leading Causes of Mortality Throughout the World, 2002* issued by the World Health Organization.

This idea can be best witnessed in the final episode of the second season, after House is shot by the husband of a patient he once treated and he lapses into a coma. Through his visions while in the comatose state the bond between House and his team members is elevated to the level of concretization: the members of the team function as a whole. In his visions House knew what the other members of his team wanted to say even before they said anything due to them being only products of his imagination. Even in normal cases the members of his team function as an extension of House: providing more than one approach to a problem and as a control group. Although it is unquestionable that House is the central figure of this structure his questionable ascendancy over the other parts of the *organism* makes it presumable that his position in this structure is not conventional.

Each participant has a role in this *organism* that bears high resemblance to his/her field of research. On the following pages I would like to give a brief description of the members of staff in question instantiated with examples from the series to underline the parallel between their field of expertise and function in this *organism*.

The *organism* in the focus of this chapter consists of the doctors who regularly appear on the show. I will divide the participants into two distinct groups: the peripheral elements and the central element. Lisa Cuddy the Chief Administrator of the Princeton-Plainsboro Teaching Hospital, her field of specialization is endocrinology. Robert Chase specialized in cardiology and traumatology, Allison Cameron the immunologist and Eric Foreman the

neurologist working in House's team. Finally there is House's one and in fact only friend James Wilson who is the head of the Department of Oncology.

2.1 The Peripheral Elements

Allison Cameron is the immunologist of the team, immunology deals with the human body's defense system against infections and other foreign substances like fungi etc.

There is a clear analogy between the function and method of the immune system against an infection and the events that took place between Cameron and the rest of the team. One of the main story lines of the first season of *House MD* was the nascent love relationship between Cameron and House. Completely disagreeing with House's unethical and sometimes dangerous methods, Cameron still felt a strange form of affection towards him. Again on the level of a metaphor this can be interpreted as the reaction of the immune system to an infection, the anti-bodies are attracted to the foreign substances in order to bind with them and counteract the threat. Cameron wanted to "domesticate" House, she thought that all House needed was a woman in his life, that his loneliness was the sole cause of his misery and awkward behavior. She took the same course of action with Chase and Foreman as well when their morality was compromised due to House's influence or personal reasons. Cameron's other interesting attribute is that she seems to be unable to get infected. On two occasions she was exposed to contagia: in the seventh episode of the second season an *HIV* patient coughed blood on her face, into her mouth and eyes and in the twentieth episode of the second season Foreman breaks her skin with a needle that is contaminated with *Naegleria parasites*. On both occasions Cameron remains uninfected.

Robert Chase whose fields are cardiology and traumatology presents two seriously different demeanors in reference to the patients. While with the patient he is highly likeable, the charming good looking young doctor keen on helping, when the patient is not present he lets his deeper feelings show giving way to the sarcasm. Chase has been employed by House for the longest period of time out of the three employees. He was exposed to House's presence for such a long time that he got traumatized by his ideas. Chase's other field of expertise is cardiology, a branch of medical studies focusing on the heart and its possible defects due to genetic or environmental causes. On the level of the metaphor Chase fulfils the role of the heart of the organism. The heart provides a continuous blood circulation through the cardiac cycle and is one of the most vital organs in the human body. It bears significant symbolic value as well. The heart was considered to be the residing place of the human soul and morals in early and pre-modern cultures, as a wide

variety of idioms used even in contemporary everyday conversations remind us.

The last member of the team is Eric Foreman, certified neurologist, the voice of rationality in the group. He has a similar approach to medical problems as House but he is different in his approach to the patients. Foreman has doubts about the whole character of House and the view he impersonates. Foreman knows that the method works better than any other method he is familiar with, he just does not want his views of medical issues affect his personal life and moral values.

According to *Gray's Anatomy* the nervous system is the essential means of an organism to "interact continually with the fluctuating environment without loss of structural integrity", (Williams 1989:860) thus ensuring the survival of the species through successful adaptation. The nervous system can be divided into two sub-systems: the *Central Nervous System* (CNS) and the *Peripheral Nervous System* (PNS). The CNS consists of the *brain* and the *spinal cord*, while the PNS comprises the *cranial nerves* and the *spinal nerves*. The *brain* extracts the largest possible amount of information from the input of the *sensory division* through the PNS, integrates that information to select responsive actions. These actions can be immediate actions (e.g.: response to an immediate threat) or ongoing patterns (e.g.: adaptation to the day/night cycle). Finally the brain parcels out components of the task to functional subsystems. These sub-tasks are then forwarded via impulses conducted by the spinal cord through the PNS to either the cardiac muscles, smooth muscles, glands or the skeletal muscles.

In terms of personal traits Foreman possesses ideal skills and attributes to have a central role in this *organism* and to become the central element of a similar *organism* someday. His outstanding insight into medical questions and the professionalism he shows during the cases, combined with the skills and approach he picked up from House make him an exceptionally important part of the *organism*. Foreman also handles those situations where he has to take charge due to the absence of House. He proceeds using a similar procedure to the one the nervous system uses to fulfill its role. He gathers as much information about the patient and his/her condition as possible, he processes that information and chooses a course of action, and then he assigns the various subtasks to his peers (subsystems) and organizes the execution of the task.

Lisa Cuddy, Dean of Medicine, Chief Administrator of the Princeton-Plainsboro Teaching Hospital is responsible for the actuation of the whole facility. Every decision has to get her approval before initiated. She supervises the departments in terms of expenses and staff matters, she assigns the cases to House and his team and only she has the power, being House's superior to stop him if he goes too far. Her field of specialization is endocrinology: a

branch of medicine that focuses on disorders of the endocrine-system and its secretions called hormones. The following definition gives a little insight into the functions of the endocrine system. According to Hadley:

> All multicellular organisms need „coordinating systems to regulate and integrate the function of differentiating cells." Two mechanisms perform this function in higher animals: the nervous system and the endocrine system (Hadley 2000)

It is interesting in and of itself to see the close resemblance between the field of specialization Lisa Cuddy chose and her everyday practical tasks. Lisa Cuddy is incapable of impregnation even with the help of treatment and thus has doubts in her maternal capabilities. This fact is interesting because her condition is clearly hormonal, coinciding with her field of research and her doubts about her ability of being responsible and superior question the same skills she needs in her position at the hospital. She cannot control House so she manages him: maximizing his efficiency and minimizing the damage done by him.

Finally, James Wilson the head of the Department of Oncology, House's best and in fact only friend. The creator of the series intended to make Wilson a "Watson figure" a sidekick for House, or more so a companion. Wilson's position in the team is unique in that he is seldom affected by House. He has no grip on Wilson who is an outsider just like House. An observer who is there when and where the events take place but who is not affected by them the way the other members of the team are. Wilson can be looked at as a mass in the system, a *benign tumor*, he is in close proximity but in terms of function he is omissible.

Every structure needs a centre point, in relation to with what the other elements of the structure can align and gain meaning. In this *organism* House is this central figure, though he remains incapable of functioning alone. Yet, he is superior to the other doctors who are part of the team.

2.2 The Center

Gregory House is a certified diagnostician with a double speciality of infectious disease and nephrology - a field of medicine that focuses on the functions and possible illnesses of the kidneys - the head of the Department of Diagnostic Medicine. According to the statistics of the WHO communicable diseases are responsible for about thirty-two percent of the mortality rates. Almost one third of the conditions that are highly likely to lead to the death of the patient are infections. The key role of his fields make House the central figure of the team.

In the previous chapter I dealt with House's awkward approach to people in some detail, drawing a parallel between his figure and that of the detective. What I did not deal with is his influence on his team members. He advocates his employees to apply a way of conducting people and an approach to ethical issues similar to his own. On the level of a metaphor House acts like an infection in terms of the influence he has on the other members of the team. House sizes up his colleagues, creates their elaborate profiles, then penetrates their code of conduct in matters of right and wrong with the prodigious efficiency of his otherwise questionable approach. Finally, he replicates himself using the appropriate host.

The hermeneutic technique House uses can be summed up in the following simple way. He receives the information, and then filters those pieces of information through his own ethical standpoint and professional knowledge. After the filtration, the relevant information is included in the formulation of the diagnosis. The ones that do not pass the filtration get thrown out as being irrelevant. In fact, this technique is very similar to a simplified depiction of the process that takes place in the kidneys. The passage of water from the *blood* to the *urinary space* contains various dissolved molecules and the kidneys filter this substance. A large part of the filtrate is still useful to the body and it is reabsorbed, while the useless part is secreted and excreted.

Gregory House is an omniscient professional. He is considerably proficient in many fields besides nephrology and infectology such as: geography, philosophy, sociology, anthropology, history and psychology. Declining consensus with society enables House to take the approach that is successful. He deliberately refuses any means of reintegration into society. Time after time various individuals tried to exert an influence on House using approaches that range from seduction to intimidation.

However, neither the possibility of dismissal by his superior, nor the promise of carnal pleasures from an attractive employee, not even the chance of true love, nor the threat of incarceration could coerce House into developing even the slightest inclination to reintegration into society.

A a minor detour is in order to the terminology of detective fiction to explain House's demeanor. House's complete and utter refusal of reintegration into society is a brilliant exemplification of the argument of Robin Woods essay "His Appearance Is Against Him."

> the fictional detective himself became an outcast, a link between crime and society who, by the nature of his task, had to work alone in order to protect his community from the taint of criminality. (Woods 15-24)

Although Gregory House is not a detective in the strict sense of the word, the methods he uses and his general goal are analogous with those of a private

investigator as we have seen in the first chapter of this essay. It is obvious that the merits of using the hermeneutics of detective fiction leave him prone to the drawbacks that are the allotments of the protagonists of the genre.

In order to be able to function House has to maintain a marginal position in society: he is compelled to be an outsider, to be miserable. This issue is addressed in the conversation between House and his patient the talented jazz musician John Henry in the ninth episode of the first season.

> House: And that's all you are? A musician?
> John Henry: I got one thing, same as you.
> House: Really? Apparently, you know me better than I know you.
> John Henry: I know that limp. I know the empty ring finger. And that obsessive nature of yours, that's a big secret. You don't risk jail and your career just to save somebody who doesn't want to be saved unless you got something, anything, one thing. The reason normal people got wives and kids and hobbies, whatever. That's because they ain't got that one thing that hits them that hard and that true. I got music, you got this. The thing you think about all the time, the thing that keeps you south of normal. Yeah, makes us great, makes us the best. All we miss out on is everything else. No woman waiting at home after work with the drink and the kiss, that ain't gonna happen for us.

On the other hand House cannot function alone, he needs a host, his team of overqualified specialists to aid him. For example in the eighteenth episode of the third season when House encounters a case while at a remote location – aboard an airplane where using mobile phones is out of the question as well – he uses three complete strangers who take on the role of his original team members in terms of their reactions to his theories. House is in a grotesque situation: he needs his team to solve his cases but he is also compelled by the demand of the conventions of the genre his character is rooted in to marginalize himself to a plane outside human relationships.

The problem of being the center of a given structure and taking a position that is outside the same structure cannot by far be called a neoformation. Jacques Derrida tackled this phenomenon in his essay "Structure, Sign and Play in the Discourse of Human Sciences."

> Thus it has always been thought that the center, which is by definition unique, constituted that very thing within a structure which governs the structure, while escaping structurality. This is why classical thought concerning structure could say that the center is, paradoxically, within the structure and outside it. (Derrida 278)

House takes a similar position in the *organism* consisting of his immediate colleagues. On the one hand, he is the most important element, far more skilled than the others with access to methods his employees and peers cannot utilize. He is the head of the Department of Diagnostic Medicine, he makes the decisions, the others have a voice in the debate leading to those decisions, but the final word is always his. On the other hand, he is like an infection attacking the *organism*, accruing from a different plane than the elements of the *organism* he invades and corrupts. He is a constructive and destructive force at the same time.

3. From Body to Text

3.1 The Alternatives

As aforesaid in the previous chapter, the team of doctors whose goal is to diagnose the patient take on the form of the object of their examination. They establish a structure that is highly analogous to a human *body* in terms of architecture and functionality. As I also established in the first chapter of this paper, there is a methodological parallel between the course of the hermeneutical process in detective fiction and the diagnosis in *House MD*. Therefore the well established and avowed connection between the detective/crime and the interpreter/text is safe to be extended between the diagnostician and the interpreter of a text. Taking this into account one has to consider the possibility of the necessity of looking at a patient as if she were a *text*.

The first necessary step is to conduct a close examination of the differences between *body* and *text*. I will use the clean-cut distinction between *work* and *text* established by Roland Barthes in his essay "From Work to Text" to demonstrate the difference between *body* and *text* in *House MD*. In his essay Barthes distinguishes the physical object, the book that can be held in hand or put on a shelf (*work*), from the string of words, signs that the reader of the book interprets during the reading process (*text*). A clear analogy can be witnessed between his claims describing the *work* and the object of the diagnoses, the *body*, while the *text* has apparently the same characteristic features in both cases.

According to Barthes the *work* "closes upon a signified" (Barthes 237) this way justifying the assumptions about the existence of a single adequate meaning of a literary work, due to its own moderately symbolic, finite nature. In the case of *House MD* this statement can be interpreted to presuppose the

possibility of figuring out the condition that causes the symptoms of the patient. When diagnosing a patient, searching for the one adequate answer that fits the combination of symptoms seems to be the only rational approach. Barthes states that the *work* “refers to an image of an organism” (Barthes 239) referring to the structural features of a literary work that consists of a beginning, the end and the middle in between, conglomerating in a unitary structure. In the light of my research this statement underlines the parallel I drew between the *work* and the *body*: they both appear to be organic wholes that require an approach based on a set of protocols.

The *text* on the other hand “practices an infinite postponement of the signified” (Barthes 2006: 238), meaning that a single adequate meaning does not exist, or at least it cannot be grasped due to the lack of permanent closure of the signifying process. It offers countless meanings dependent on various different factors instead. While in the process of formulating a diagnosis, the doctors encounter a rather similar obstacle: one diagnosis follows another without the certainty of reaching the ultimate result.

The *text* is radically symbolic and metonymic in nature, an “activity of associations, contiguities, cross references coincides with a liberation of symbolic energy”. (Barthes 238) A team effort is required to decipher the combination of symptoms the patient has, each individual participant finds a different grip – favoring their field of expertise – on the situation and thus has a different assumption regarding the solution of the enigma. The majority of the tests and examinations conducted by the medical team turn out to be inconclusive, subject to interpretation and cross-checking the other participants’ explanation of the results. According to Barthes the *text* “recuperates *work* as play, task, production, practice”. (Barthes 239) The *text* in itself is an attempt to cure the *work* through turning it into a kind of play, a task, a practice. The diagnosis is the way to heal the *body* through the task and practice of interpreting the *text*.

The last claim by Barthes that I have found very useful and descriptive of the diagnostic process in *House MD* is this: “the Text requires an attempt to abolish the distance between writing and reading”. (Barthes 236-241) In my understanding, this statement can be looked at as a demand to abolish the distance between the patient’s condition and the diagnosis. In other words, as I described earlier, the medical team performing the diagnosis needs to adapt to the object of their examination, thus they establish a structure analogous to a *body*. This is done by considering the body of the patient as a textual phenomenon, a dataset to be interpreted in order to penetrate or see *through* (dia) her skin to gain *knowledge* (gnosis) about the patient. While liberating it for free textual interpretation, the doctors take on the characteristics of the patient’s body.

Another level of adaptation can be witnessed when applying Barthes' claim in a more narrow sense: the doctor has to be sick himself to be able to find out what the patient is suffering from. This idea has been emphasized on the show *House MD* on numerous occasions. For example in the last episode of the second season, when supposedly House underwent a *Ketamine* treatment to cure the nerve damage in his leg, his reasoning skills were compromised due to the effect of *Ketamine* on his brain. His leg was fine but he was not able to function properly in connection with his case. The constant leg pain and state of misery are the most characteristic features of Gregory House. This differentiates him from the other doctors, in fact he is a sick person sharing attributes with the patient and his fellow doctors as well. His position is an excellent depiction of the marginal position of the detective living on the borderline between members of regular society and the criminals he hunts for. I think that it is necessary to pay particular attention to House's condition, for the abolition of distance between the patient and the doctor is the key component to the success of the interpretative process.

To determine whether or not House can be defined as sick/not healthy I used the chapter focusing on the definition of health and sickness from *A modern orvosi etika alapjai* by Dr. József Kovács. Talcott Parsons coined the socio-cultural definition of health states claiming that "the degree of health depends on the ability of the individual to accommodate to the norms and lifestyle of society." (Parsons 69) He also differentiates between sick individuals who are *not able to* accommodate to the standards of society and deviant individuals who are simply *not willing to* accommodate to the same standards. Based on Parson's definition House is not sick but deviant: his leg would not necessarily mean that he is *not able to* fulfill his role in society as a doctor. The resistance to integrate into society is a voluntary decision, he is *not willing to* accept the norms of society or to act according to them.

On the other hand, as Thomas Szasz states in his *The Manufacture of Madness*, there is no such thing as mentally ill people: it is all just a myth. He used an argument rooted in the differentiation between somatic and psychic aberrations to support his claim. Szasz states that in the case of somatic aberrations either a positive or negative aberration is considered problematic. For example, a person with only seven fingers would be considered different from the standard just the same way as a person with thirteen fingers. On the other hand, in the case of psychic aberrations only the negative aberration would be problematic and not the positive aberration. A serial killer or a sadist is obviously considered sick by members of society while a person who would perform an act of exceptional courage (risk his own life for complete strangers when running into a burning house to save them from death) would be considered a hero or a saint. The probability of an underlying condition being

responsible for his action can never be fully and unquestionably excluded. So according to Szasz, an individual is pronounced sick if that individual deviates from the well established standards of society either physically or mentally. Taking this statement into consideration, House's behavior defines him as a sick individual.

To clear any doubts concerning the infamous theory of Szasz I would like to use the definition of health issued by the World Health Organization "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (WHO) House fails to fulfill multiple criteria of this definition. His Vicodin addiction compromises his mental health and his borderline misanthropic attitude toward other people deprives him of any chance of social well-being. Above all other defects his infirmity due to the massive muscle and nerve damage in his leg make him unquestionably not healthy. It is now absolutely clear that House can be considered similar to his patient in terms of health thus the distance between them is abolished enabling House to conduct a successful interpretation of the patient.

The adaptation to the patient takes place on two separate levels. The interpretative community as a whole takes on the form of the object of its examination and through House's physical and mental, social condition the distance between the diagnostician and the patient is completely abolished.

The result of applying Roland Barthes's "From Work to Text" to this particular model is that it is clear now that the patient can be looked at both as a *body* and as a *text*. The choice between *body* and *text* does not imply that the choice one made will be exclusively correct under any circumstances. For one, the *body* bears close resemblance to the *work* in terms of characteristic features and promises a desirable outcome for the diagnosis, the possibility of finding the correct answer. Yet the method of interpretation used by House and his team imply that they consider the patient a *text* as opposed to the conventional approach that is expected from doctors in a medical situation. I believe that both choices are correct under their own proper circumstances, but shifts have to be included in the diagnostic process to take maximum advantage of the applicable methods. The stability of the patient's status was questioned at the beginning of this chapter, now it is clear that it is plausible to look at the patient in two distinct ways her being either a *body* or a *text*. Questioning the stability of the status of the patient also implies shifts during the diagnostic process. In the following section I will conduct a close examination of an average case handed to House and his team and I will pinpoint these shifts and their effect on the interpretative process. How the patient is textualized during the process of the interpretation carried out by the sick *organism* constituted by the doctors.

3.2 The Process of Textualization

On the following pages I will carry out a close, step-by-step examination of a regular diagnostic process depicted in *House MD*. Analyzing every step of the process from the first appearance of the patient, through the time she spends in the hospital to the moment the patient is cured or at least treated and discharged. Certain shifts take place in the status of the patient at various points of the diagnostic process as the *body* gradually forfeits its bodily status and becomes a *text* returning to its original status only when cured. The aim of this section is to pinpoint these shifts and emphasize their importance. In order to do this I gathered the necessary background information on the subject of *medical ethics* from Dr. József Kovács's textbook: *A modern bioetika alapja: Bevezetés a bioetikába* (1999). This textbook is a definitive item on the reading list of courses in *medical ethics* at medical universities throughout Hungary.

When the patient first appears she is usually in an everyday, normal setting and there is rarely any sign of illness at all. It is obvious that she is an autonomous individual (*body*) at this point. The definition autonomy is: the ability to choose a course of action and follow that course without physical, psychological, internal or external limitations. Autonomy consists of three factors: the autonomy of thinking, the autonomy of will and the autonomy of action. If any of these three factors are absent,, the autonomy of the individual is not intact to start with, so it cannot be further compromised. At this point, the patient possesses all three of these factors being in control of her actions that are in accordance with her will based on her thinking. When the illness first presents itself, this order is disrupted. The illness deprives her of the previous degree of control over herself demanding immediate action to restore the situation to normal.

Once the patient is admitted to the hospital she has to go through the usual processing. A series of questions are asked by the medical staff of the hospital concerning her health: what are her symptoms, where does it hurt, when did the symptoms start, does she have any allergies, is she on any kind of treatment or has she been to another doctor and if yes, then what was the diagnosis of the other doctor, etc. A series of simple tests are performed: blood test, urine test for example. What happens at this point is that this autonomous individual is mapped by the medical staff and the data collected are used to produce her chart. All the medically important data about the patient are printed on sheets of paper for further use during the diagnosis. The patient is scanned and printed: objectified, textualized. Her autonomy is still intact but the foundations of her textual status are laid down as well. The patient will be administered, categorized and sent to a doctor who is specialized in the field the illness fits into.

When House gets the case the patient is already in a dual state (*body* / *text*) she still has her free will and voice in the course of action she is willing to take. From House's perspective it is more desirable to look at the patient as *text*. House sways the situation to his own favor. The ratio of dealing with the patient face-to-face, versus examining her chart clearly underlines which choice House prefers: as little direct involvment with the patient as possible. Autonomy on the part of the patient is only an obstacle in the diagnostic process. House's goal is to find the right diagnosis that fits the patient's symptoms and to use that diagnosis to treat the illness. The patient's and her doctor's goals are identical, so House thinks it is absolutely not necessary to discuss all the steps of the diagnosis with the patient. The way House sees it, the patient's autonomy is compromised anyway: his standpoint is that every patient is an idiot and a liar. The patient could have prevented being in this situation had she been more careful or better informed and the patient is not proficient in medicine so why should her opinion count at all? In addition, patients tend to lie about embarrassing things in their lives even if their life is at stake. To sum up: from House's point of view the patient is not an autonomous individual from the moment she is admitted by the hospital, her autonomy of thinking (being an idiot) and autonomy of will (the will to stay alive) are compromised, thus her autonomy is next to non-existent. However, the patient has to give her consent to any and all medical procedures performed on her, so House is still compelled to deal with the patient as a human being (*body*) but only until he gets the consent. Lying, cheating, mocking and intimidating the patient are House's weapons of choice in order to reach his aim.

The most significant shift that take place during the diagnostic process is the patient giving House her *informed consent*. I will examine this point of the process in greater detail for this is the point when the shift from *body* to *text* can be best witnessed and explained. *Informed consent* is the most widely established and practically used fundamental principle of medical ethics, as opposed to the earlier practice when the patient had very little voice in the treatment the doctor recommended for her. The earlier practice required a *basic consent* from the patient. The attending doctor told the patient what procedure he thought was necessary and the patient, convinced that the doctor was aware of the risks and consequences of the procedure, gave her consent. In recent practice *informed consent* entails that the doctor informs the patient articulately of the possible risks, side-effects and long-term consequences of the treatment and also of any other possible procedures that can substitute for the procedure in question. If the patient is not giving her *informed consent,* the doctor is not permitted to go through with the procedure.

As Isaiah Berlin emphasizes the importance of autonomy in a short extract from his essay *Two Concepts of Liberty:* "I wish to be the instrument of my

own, not of other men's acts of will. I wish to be a subject, not an object." (1981) This passage embodies the patient's will to remain autonomous. To be treated as a human being rather than an object, from her point of view to be treated like a *body* and not a *text*. Being properly informed before giving the consent enables the patient to express her autonomy. House misinforms his patients thus depriving them from their autonomy. So while in a normal case the *informed consent* guarantees the autonomy of a patient, in House's case it means the exact opposite: it justifies House's approach to look at the patient as if she were a *text*.

From a semiotic angle *informed consent* can be examined as a pragmatic phenomenon. Similar to the way that the use of a shared language, a consensus between speakers by participating in a common language the individual may obtain its consciousness and self, giving an informed consent to House represents the voluntary disclosure of the patient's autonomy. According to Charles W. Morris something can only become a sign if an interpreter interprets it as a sign. This is exactly what the *informed consent* enables House to do, to interpret the symptoms of the condition of the patient as signs that can be traced back to arrive at the denotatum: the underlying condition of the patient. The *body* officially signs her own textualized representative correspondent as a last gesture before forfeiting her autonomy. Once the *informed consent* is given to House even the last obstacle – the partial autonomy of the patient – is tackled the patient is now devoid of her autonomy thus her being a *body*. The interpretative process can commence.

The adaptation between the patient and the doctors is established but they are in contradiction as well for the patient the textualization of her *body* is the objectification, while for the doctors this textualization aids them in expressing subjective argument of the patient such as the diagnosis that fits her symptoms.

3.3 Reading the TEXT: From Ethics to Semiotics

Medical ethics consist of the set of principles that guide and direct doctors while performing medical procedures. A brief examination of these principles should enable us to grasp the unconventional nature of House's ways of conduct fully. As the following examples show, reading the body as *text* first and foremost implies an act of liberation from ethical constraints: when moving freely in the body of the patient as a textual universe, House questions the foundations of medical ethics systematically in order to be able to perform a semiotic approach in each individual case. The four cornerstones of medical ethics are: the *Principle of Autonomy*, the *Principle of Non-maleficence*, the *Principle of Beneficence* and the *Principle of Justice*.

The *principle of Autonomy* confers about the respect of the patient's autonomy. As I discussed earlier, autonomy is the ability to choose a course of action and follow that course without physical, psychological, internal or external limitations. It consists of three factors: the autonomy of thinking, the autonomy of will and the autonomy of action. Whenever any of these three factors are compromised the autonomy of the individual ceases to be intact thus it cannot be violated. On the other hand according to John Stuart Mill: performing or denying a procedure is not justified without the patient consent even if the patient is daft, irrational or poses a threat to herself.

House abides only those parts of the principle of autonomy that serve his goals. He is aware of the autonomous nature of the *body* but given his general view on other human beings the patients are devoid of their autonomy immediately when he becomes their attending doctor. As I also discussed earlier, House's standpoint is that people are idiots and liars depriving themselves from autonomy. John Stuart Mill's statement is used to maintain the autonomy of the patients even under these circumstances but House neglects Mill's argument to justify his own preferred method.

The Principle of Non-meficence is the most important principle of medical ethics. *Primum non nocere* – first, do no harm, this requisite is the core of this principle. Actually, this requisite cannot be acquitted, every medical procedure carries a risk of the impairment of the patient and every medicine has side-effects. This principle is actualized through careful consideration of the good done to the patient and the harm caused to the patient in the process. If this risk is acceptable, the doctor can propose the procedure to the patient to get her *informed consent*. House often uses dangerous and painful procedures to diagnose and treat his patients. Taking risks is absolutely acceptable, even more: necessary if they lead to a successful diagnosis and treatment of the illness. House will misinform the patient to get her consent if necessary, neglecting the second component of this principle.

The *Principle of Benefice* is a combination of the *Principle of Non-meficence* and the general idea of preventing bad things from happening at all and doing good deeds. It is still the subject of debate whether it is the duty of every doctor to abide this principle or simply the ones who do should be respected for doing so. The most widely accepted interpretation of this principle is that the doctor is obliged to serve the interests of the patient and not his own. House chooses a different approach in this matter as well. He differentiates between interesting cases and not interesting ones. He applies this principle when he is diagnosing a patient with an uncanny condition: he does not spare his time and energy but desperately avoids boring cases. For example, he watches his favorite soap opera instead of treating the patients while on duty at the clinic.

The *Principle of Justice* focuses on the distribution of scarce resources like donor organs, tests involving delicate and expensive machinery in hospitals. The principle's guideline is to choose from a list of possible distribution policies based on equality, the needs, social conduciveness and merits of the patient along with the rules of the market. Obviously, a vital member of society has privileges compared to a convicted felon for example. House treats all his patients equally in terms of medical attention and access to scarce resources. Despite all this, all the other patients of the hospital are inferior to his patient in his eyes, he has no regard for their condition.

Modern medical ethics is founded on these four principles and abiding to them is the obligation of every doctor. Gregory House neglects and twists these principles to serve his needs.

The first part of the present sub-chapter examined the ways House defies and twists the principles of medical ethics. The principles of medical ethics protect the *body* of the patient while simultaneously ties down the doctors in their struggle for finding the correct explanation to the patient's condition. As opposed to this, semiotics concentrates solely on the process of finding that explanation. At this point we need to see where the foundations of House's semiotic approach come from and why he considers the act of medical diagnosis a semiotic process.

In fact as Thomas Sebeok instantiates in a chapter of his book *Signs An Introduction to Semiotics* the field of semiotics and medical science are entwined since ancient times. The concept of considering symptoms as sings was first studied in first half of the fifth century BC. Hippocrates, Aristotle and Platon also examined this assumption and the contributions of these "medical practitioners of the ancient world led to the foundation of semiotics as a branch of medical science." (1994:43.)

Based on the chapter of the book *A Jel Tudománya.* (Horányi özséb and Szépe : 1975) dedicated to Charles W, Morris' work in the field of semiotics it is safe to assume the following. Formulating a diagnosis is a medical process in the strict sense but it bears close resemblance to the interpretative process performed on texts. To explain this resemblance we may consider both as processes of semiosis. According to Charles W. Morris any process in which an element of the process functions as a sign can be called semiosis. The model of semiosis can be used to examine the interpretative process that takes place when House and his team are diagnosing the patient. Relying on Morrissian terminology, semiosis consists of four elements: the sign (the element that acts as a signifier), the denotatum (the object signified by the sign), the interpretant (the effect of the semiosis on the interpreter) and the interpreter (the agent of the semiosis).

In the case of *House MD* the sign is the set of symptoms of the patient's condition, the denotatum is the patient's condition, the interpretant is the

diagnostic process and the interpreter is the unified *organism* House and his team constitutes. The skills of medical profession are primarily concerned with one level of semiosis: semantics. Semantics is a branch of Semiotics that focuses on the relationship between the sign and its denotatum. Semantic rules determine the circumstances under which a sign can be used on an object or situation. Being familiar with the semantic rules of their own field of expertise is the function of the constituents of the *organism*. These specialists have to formulate presumptions about the condition of the patient based on her symptoms and the results of the tests performed on her. The various presumptions are cross-referenced and the ones that still seem plausible are carried into practice. The condition of the patient will change due to the procedure presenting a new set of signs to the *organism*. This new set of signs is then interpreted again resulting in new presumptions that are carried into practice as well until finally the presuppositions prove to be correct and the patient is diagnosed.

However, in most of the cases it is Gregory House who solves the enigma and not his team members. To understand the reason behind this fact the pragmatic angle of this semiotic process has to be examined. Pragmatics is a branch of Semiotics that focuses on the biotic (biological, psychological and social) nature of semiosis, the relationship between the sign and the interpreter. The concept of the interpreter is present in the definition of signs since Aristotle's *De Interpretationé*. According to Morris the interpretant is a custom of a living organism to react to objects not present but significant in a given situation due to a sign-vehicle as if they were present. The *organism* creates presuppositions based on the belief of the existence on the one adequate answer to explain the patient's symptoms although the precondition of the whole semiotic process denies the existence of such an answer. The patient has already become a *text* when giving her informed consent enabling her doctors to interpret her, but according to Barthes texts practice an infinite postponement of the signified. In other words, the method used by House and his team denies the existence of the goal of their method but Morris' argument enables them to hypothetically accept the existence of the one adequate answer. Morris also argues that although the sign implies its own interpretant it does not denote it. Although symptoms provide great help in diagnosing the condition of the patient, most symptoms or even constellations of symptoms can only imply various conditions. For example *fever* plus elevated *white blood cell count* implies some sort of infection but to determine the concrete kind of infection numerous other tests have to be performed. Or an elevated *erythrocyte sedimentation rate (ESR)* – the rate at which *red blood cells* precipitate in a period of an hour – is a not-specific measure of inflammation. It can imply a number of different conditions: *polymyagia rheumatica* (inflammatory condition of the muscles),

multyple myeloma (type of cancer of the plasma cells in the bone marrow that produces anti-bodies), *temporal arteritis* (inflammation of blood vessels) or *symetic lupus erythematosis* (an auto-immune disease causing the body to attack its own cells and tissue resulting in inflammation and tissue damage).

A relation between the interpreter and the sign can only be designated on a higher level. So, in order to be able to formulate the correct diagnosis House, who is the most important element of the *organism,* and therefore represents the interpreter, has to break forth to a higher level of semiosis. His position in the *organism* (House is the central element but he is positioned outside the structure) as discussed in the second chapter enables him to perform this shift. If two factors correlate then the sign becomes diagnostic in the individual and social sense and becomes a new sign on a higher level of semiosis. Formulating presuppositions and breaking out of the level of the semiosis results in a sign of diagnostic value. This course of interpretation repeats itself until one of the answers proves to be adequate when carried into practice. It is not the end of the interpretative process that results in the correct answer, but the appearance of that answer that results in the end of the interpretative process.

A different model created by Julia Kristeva in her essay "The Speaking Subject" can be applied to further strengthen my assumptions and describe the process of semiosis in the case presented in *House MD*. Kristeva's model includes the following constituents: the Signifier, the Signified, the Object or Situation in which the subject appears, the Unknown, the Signifiable and due to the Signifiable's contradiction with the Situation "a remnant experienced as a body." (214) In the case of *House MD* these constituents can be considered to represent the following elements of the diagnosis. The Signifier and the Signified remain the same as in the Morissian model: the symptoms and the patient's condition. The Situation is the medical setting in which the diagnosis is formulated. The Unknown is the one adequate answer that explains the patient's condition, ungraspable according to Barthes due to the more *text*-like status of the patient, while the Signifiable is the existence of the multitude of possible equally plausible answers that stands in a contradictory relation to the rationally desired outcome of conventional medicine. According to Kristeva the *body* is always present in the equation even when the patient's *text*-like status is dominant thus the *organism*, the group of doctors who took on the form of the subject of their examination take on the role of the *body* in this model . This way the adaptation does not only take place on the level of form but on the level of function as well.

When the correct diagnosis is formulated and it is proved through putting it into practice, the patient can regain her bodily status. The interpretative process was successful, it is finished so there is no need for the textual status of the patient anymore. She is discharged from the hospital, she can return to

her normal life. With reference to Roland Barthes' "From Work to Text" the discharging of the patient is similar to what happens when the reader finishes the book and puts it back to its place on the self next to the other books.

Semiotics takes over the place of ethics in the interpretative process in *House MD*. Ethics protects the patient's autonomy (*body*) by regulating the doctors' approach and the actions they take. As opposed to this, semiotics focuses on the solution to the problem – the correct diagnosis of the condition – free from restrains providing a successful approach in medical interpretation. The distinction between these two approaches is addressed in the first episode of the first series during the first differential diagnosis:

> Foreman: Isn't treating patients why we became doctors?
> House: No, treating illnesses is why we became doctors,
> treating patients is what makes most doctors miserable.

Conclusion

The aim of this paper was to examine and recognize the unique nature of the interpretative process that can be witnessed in the popular TV-series *House MD*. Combining the methodological approaches of the main trends of detective fiction with post-structuralist reading techniques House and his team proved to be more effective than other doctors.

The first main section established the analogy between the figure of the detective and the diagnostician. These two figures have a concurrent role: interpretation. Pointing out the numerous similarities – both methodological and stylistic – strengthened my statement. The three major trends in the genre of detective fiction (the classic British, the American hard-boiled and the anti-detective model) are all present in *House MD*. House combines the merits of these three methods but he also suffers from the accompanying flaws as well. He uses pure logic from a detached point of view to formulate his assumptions, then filters these assumptions through his own personality raising doubts to solve the mystery at hand in a situation that is fairly different from the conventional set-up of detective fiction.

The second main section examined one side of the interpretative process: the doctors. As it turned out, the members of this interpretative community take on the form of the object of their examination: the body of the patient. They are organized into a structure that bears close resemblance to a living *organism*. The center of this *organism* is House but his position is anything

but conventional. He is positioned outside the structure acting both as a constructive and a destructive force.

The third main section dealt with the other side of the interpretative process: the patient. I justified the possibility of looking at the patient as a *text* rather than a *body*, using Roland Barthes' distinctions between Work and Text. Both of these possible statuses of the patient require a different approach: medical ethics is applied when dealing with a *body* and semiotics is used when interpreting a *text*.

Semiotics takes over the place of ethics in the interpretative process in *House MD*. Ethics protects the patient's autonomy by regulating the doctors' approach and the actions they take while semiotics on the other hand focuses on the solution to the problem – the correct diagnosis of the condition – free from restrains providing an unconventional but successful approach to medical interpretation.

References

Barthes, Roland. 2006. 'From Work to Text' in *An anthology of Criticism and Theory*. Dorothy J. Hale (ed.) Oxford : Blackwell

Berlin, Isiah. 1998. 'Two Concepts of Liberty' in *Contemporary Political Philosophy: An Anthology* Phillip Pettit, Robert E. Goodin (eds.). Oxford: Blackwell

Derrida, Jacques. 2002. 'Structure, Sign and Play in the Discourse of Human Sciences' in *Writing and Difference* Derrida Jacques London : Routhledge

Hadley, ME. 2000. *Endocrinology 5th ed.* London : Prentice – Hall International (UK) Ltd

Holton, Robert J. and Bryan S. Turner. 1986. *Talcott Parsons on Economy and Society*. London and NY: Routledge.

Horányi, Özséb and Szépe, György. (eds.) 1975. *A jel tudománya.* Budapest: Gondolat.

Dr. Kovács, József. 1999. *A modern bioetika alapjai. Bevezetés a bioetikába.* Budapest: Medicina Könyvkiadó Rt.

Kristeva, Julia. 1985. 'The Speaking Subject" in Blonsky Marhall ed, *On Signs.* Baltimore: The John Hopkins University Press

Mill, John Stuart. 1869. *On Liberty*. London : Longman, Roberts and Green.

Sebeok, A Thomas. 1994. *An Introduction to Semiotics.* London: Pinter Publishers.

Tani, Stefano. 1984. *The Doomed Detective.* Carbondale and Edwardsville : Southern Illinois University Press

WHO 'Definition of Health'. Available: http://www.who.int/about/definition/en/print.html Access: 2 Dec. 2008.

PART 3