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Medical Humanities Approaches to Biotechnological Bodies and Enforced Disability in Ishiguro's *Never Let Me Go*

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ABSTRACT

This study analyzes *Never Let Me Go* by Kazuo Ishiguro in terms of medical humanities, disability studies and biopolitics to suggest that the donor-clones are created as biotechnological bodies that are put under the regime of imposed disability. Instead of using cloning and organ donation as a hypothetical backdrop, the study foregrounds the ways in which the novel envisions the lives that have come into being, subdued and weary of biomedical rationalities, risk calculations and institutional histories. The article demonstrates how the donation program is structured to cause progressive debility and early completion, which has become normalized through Kathy in her subdued first-person account, by a close reading of the spaces discussed in the paper: Hailsham, the Cottages and the donation and recovery centers. The discussion identifies the uncertain ethics of care in the work of Kathy as a carer whereby sincere consideration and emotional labor are paralleled with structural complicity within a regime that is debilitating. Lastly, the article states that *Never Let Me Go* can serve as a valuable pedagogical tool to medical humanities and disability bioethics, especially in the context of Asian and global South where growing transplantation regimes are overlapping with structural vulnerability and bio capitalist organ economies.

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INTRODUCTION

Medical humanities have become one of the major locations where we consider how in the contemporary world, biotechnologies such as organ transplantation, cloning, and genetic engineering are redefining human embodiment and ethical accountability. The field does not consider the body as a neutral biological object but rather looks at how medical and technological practices render certain lives curable or optimisable and others expendable and how the asymmetries in this process are registered through narrative forms (Rose, 2007). Specifically, narrative medicine requires ethical care to be based on what is called narrative competence, the ability to listen and hear accounts of illness, vulnerability and dependence (Charon, 2001; Milota et al., 2019). Simultaneously, the recent focus of disability studies has moved away the concept of disability as a deficit and shifted to a concept of disability as a product of social, institutional, and technological setups, necessitating ethical frameworks that allow disabled lives instead of eradicating them (Garland-Thomson, 2017; Mitchell & Snyder, 2015).

Kazuo Ishiguro's *Never Let Me Go* (2005) has been the key point in this discussion. The novel, which takes place in an alternate England in which human clones are brought up and trained via organ donation, traces the lives of Kathy, Tommy and Ruth who are thoroughly trained, observed and then directed into caregiving and donation programmes. Posthumanism, biopolitics and precarious labour has been read between the lines, focusing on the way it portrays so-called disposable bodies which are valuable only insofar as they can provide the organs (Karmakar & Parui, 2020; Pereira & Karunakar, 2024). According to Garland-Thomson, the novel envisions a eugenic societal order dividing the normate citizens against physiological devalued because of their biopolitical interpretations as donor-clones being controlled as a population whose premature deaths are socially approved (Mitchell & Snyder, 2015).

It is based on this scholarship that the current article introduces medical humanities, the disability bioethics and biopolitics to a more explicit conversation by conceptualising the clones as biotechnological bodies and the life-course as an enforced disability programme. Biotechnological bodies This term here refers to bodies produced and managed according to biomedical processes, calculations of risks, and institutional discourse-bodies, the existence of which is itself constituted by their integration into knowledges and value networks (Rajan, 2006; Rose, 2007). A regime of donation in *Never Let Me Go* is not an accidental source of side-effects but a system that is aimed at causing progressive debilitation and early mutilation, which Puar (2017) describes as intended biopolitical practices. In this respect, the donors of Ishiguro occupy a gray zone between ability and inability: carefully nurtured to harvest organs but deprived of futures, rights and identity in a systematic way (Garland-Thomson, 2017; Mitchell & Snyder, 2015).

The article thus poses three pertinent questions: How does *Never Let Me Go* put forward donor-clones as biotechnological bodies that are mediated by clinical and economic rationalities? How does the donation programme implement enforced disability, and how do memories and the narrative silences in Kathy implement this process? Lastly, how might a medical-humanities reading of the novel be useful to the broader discussion of organ transplantation ethics, disability justice and cultural politics of biotechnology, and even in Asian and global South contexts where organ economies and bio-medical infrastructures are fast growing? This reflection in answering these questions by critically examining major scenes of the book, Hailsham, the Cottages and the donation centres, is a way of rebranding *Never Let Me Go* as having the ability to generate, administer, and rationalise forced disability in the present, as well as to ask critical questions about the contemporary life sciences.

LITERATURE REVIEW

Never Let Me Go has been a very rich and diverse subject of critical work, although much of it has been speculative work, placing cloning and organ donation in a fantastical setting to more general themes of memory, friendship and mortality. Critics inspired by disability- and bio-politics have started to criticize this trend and interpret the donor-clones as characters who allow the novel to question the ways modern societies categorize lives as being worth keeping and as those who were transformed into waste.

In the field of disability studies, Garland-Thomson writes an influential essay on the topic of eugenic world building by asserting that the carefully monitored health status of the clones in Ishiguro is merely there to keep the rest of the population alive; their bodies are optimised into curative capital with their life prospects themselves preemptively closed (Garland-Thomson, 2017). Kathy also narrates, which is why Kanyusik interprets the narration of Kathy as a kind of eugenic nostalgia and demonstrates that her nonchalant and compliant storytelling is internalised ableism and acceptance of a process of eventual completion as natural and inevitable (Kanyusik, 2020). Simultaneously, Karmakar and Parui capitalise on the principles of biocitizenship and the idea of wasted lives to portray the clones as liminal biotechnological objects whose worth resides in the fact that they are used as biomedical fodder and provide organs to keep society's rich non-cloned members alive (Karmakar and Parui, 2020).

Biopolitical expositions also place *Never Let Me Go* in the neoliberal practices of health and productivity. The theorisation of the biopolitics of disability that Mitchell and Snyder undertake in greater detail offers a language to think about disability in the making and the governance of disability being instituted by populations, not as the pathology of individual persons, which is the dominant language in which Ishiguro makes sense of England (Pereira & Karunakar, 2024). Collectively these studies reveal that the novel is a privileged location to consider disability, debility and biomedical power, but they are preoccupied with macro-critique, namely, sovereignty, neoliberalism, national belonging, but not the fine-grained ethics of care, listening and embodiment preoccupying medical humanities.

Medical-humanities scholarship, conversely, has focused on narrative as a way of ethical encounter. In the seminal article on narrative medicine, the term narrative competence is used to refer to the capacity to listen to and respond to the narratives of others and is put forward as a type of humane medicine (Charon, 2001). Follow-up systematic reviews demonstrate that narrative-medicine programmes can realistically influence the attitude, skills, and moral consciousness of the learners (Milota et al., 2019). Garland-Thomson proposes frameworks as necessary to empower disabled people to thrive by redefining social and institutional contexts and recommends the concept of disability cultural competence as a moral priority within biomedicine (Garland-Thomson, 2017). *Never Let Me Go*, however, has very seldom been put into long-term dialogue with these strands of medical humanities, disability bioethics and narrative medicine.

It is at this junction that this article comes in. Based on the critical approach to disability and biopolitics it sees the clones of Ishiguro as a biotechnological body - a manufactured, calculated and fatigued body generated by biomedical rationalities - and views the donation programme as the regime of forced disability which openly aims at producing progressive debility. Simultaneously it takes on a medical-humanities perspective that listens to Kathy voice of narrative, to scenes of careliving and to other minor acts of interpretation, consoles and ethical blindness that define carer-donor-institutions relationships. In such a way, the purpose of the article is not only to contribute to the literature about *Never Let Me Go* but also to show how the novel can be used as a pedagogical resource in medical humanities as well as disability bioethics, specifically at the point of intersection of organ transplantation, structural vulnerability, and biotechnological expansion.

THEORETICAL FRAMEWORK

NARRATIVE MEDICINE AND MEDICAL HUMANITIES

Firstly, this article uses medical humanities that considers illness and care as a narrative and ethical experience and not as purely biomedical events. Formulated by Charon (2001), narrative medicine emphasizes a clinical skill called narrative competence - the ability to listen, respond to and act on stories of others - as an essential clinical skill. The systematic review by Milota, van Thiel and van Delden (2019) indicates that the use of literary texts may improve empathy, reflection and ethical awareness during health-profession education. Viewing *Never Let Me Go* through this prism suggests that the retrospective account that Kathy provides can be seen as a type of illness-and-care narrative where institutional violence, bodily vulnerability, and practices of care giving are mediated through their tonal, pacing, gaps and silences.

DISABILITY STUDIES AND DISABILITY BIOETHICS

The second pillar is critical disability studies and disability bioethics. The concept of the biopolitics of disability by Mitchell and Snyder (2015) states that disability is regulated not on a clinical level, but at the population level, via policy and culture. Garland-Thomson (2017) builds this up into disability bioethics, which suggests that bioethics should not be about averting the existence of the disabled, but rather empowering the disabled to thrive. Garland-Thomson (2017) and Kanyusik (2020) reveal in their readings of *Never Let Me Go* how the novel reveals a eugenic order that maximises the health of the clones so that it will be used to the advantage of others and makes them internalise their expendability. Pereira and Karunakar (2024) also place the setting of the novel in a neoliberal, ablenationalist England in which full citizenship is pegged to the productivity of able bodies and individuals who fail to do so are pushed to the periphery. Collectively, these views positively anticipate the way the donation system generates disability and debilitating as opposed to cataloguing an already existing impairment.

BIOPOLITICS, BIOCAPITAL AND INDUCED DEBILITY

A third line is the biopolitical and science and technology. Rose (2007) explains modern politics of life as such, where the biological life is proactively managed, optimised and monitored. By introducing the so-called biocapital concept (Rajan, 2006), the body, tissues and organs are turned into a resource in the networks of biomedical worth. Puar (2017) applies biopolitics to the concept of debility and right to maim by stating that debility is a planned and intentionally created strategy and not an unintended harm by states and institutions. Karmakar and Parui (2020) and Mitchell and Snyder (2015) use such insights on *Never Let Me Go*, where the clones have no more than optimised lives and are used as biotechnological disposable subjects whose organs are extracted to create more organs prior to their premature demise.

BIOTECHNOLOGICAL ORGANIZATIONS AND IMPOSED DISABILITY

This article incorporates two working concepts in bringing these strands together. Biotechnological bodies signify lives that are created and persistently controlled in biotechnological processes, institutional discourses and actuarial computations what Rose (2007) describes as somatic individuality in biopolitical regimes and what Rajan (2006) hypothesizes as biocapital. Ishiguro has its clones educated, controlled and transported within spaces (Hailsham, the Cottages, recovery centres) in the most profitable way (clinically) (Karmakar & Parui, 2020; Pereira & Karunakar, 2024). Enforced disability is disability and debility that have no unintended side-effect of a treatment but are intended results of a system that needs progressive impairment and early mortality to work, which echoes Puar (2017) on deliberate debilitation and criticism of ableist value systems in disability-bioethics (Garland-Thomson, 2017; Mitchell & Snyder, 2015).

It is based on these notions that the close readings which follow attempt to move out of generic dystopian interpretation and allows the analysis to address *Never Let Me Go* as a medical-humanities text which elucidates how biotechnological regimes can produce disability, organise care, and legitimise the expendability of particular bodies in the modern and new organ economies.

METHODOLOGY

RESEARCH DESIGN

This paper uses the qualitative, interpretive research design that implies a close reading of *Never Let Me Go* by Kazuo Ishiguro (2005). It is not to recreate the intention of the author, but to explain how the form and content phase of the novel raises the kinds of questions that medical humanities, disability bioethics and biopolitics are concerned with.

TEXT AND ANALYTICAL FOCUS

The main work of analysis is *Never Let Me Go* (Ishiguro, 2005), and the analysis concentrates on the scenes at Hailsham, the Cottages and the donation/recovery centres. These clustering are interpreted as nodal points in which the production of biotechnological bodies, gradual induction of debility and ethics of care are most evident. An emphasis is given to spatial descriptions, clinical language, body images and relations among carers, donors and institutional representatives.

ANALYTICAL PROCEDURES

The article analytically unites narrative-medicine tools and disability and biopolitical theory. Based on narrative medicine, it reforms the concept of narrative competence introduced by Charon (2001) and subsequent empirical studies on the ethical effects of narratives on medical education (Milota et al., 2019), using the narrative presented by Kathy as an illness/care narrative that familiarises and normalises imposed debility. It draws on the histories of disability studies and disability bioethics to construct the donation system as a mode of producing and controlling disability on a population scale by relying on the narratives by Garland-Thomson (2017) and Mitchell and Snyder (2015) concerning the biopolitics of disability. Based on biopolitics and science and technology research, it implements the politics of life itself by Rose (2007), biocapital by Rajan (2006), and Puar's (2017) right to maim on the clones, who are enforced with disability. These frameworks are staged in a cyclic, text-bound readings as opposed to external templates.

DISCUSSION

BIOTECHNOLOGICAL BODIES IN NEVER LET ME GO

The life of the clones is, at the very beginning, predetermined by the biotechnology, and their education, health treatment and socialisation are planned with an implicit doom of organ transplantation (Ishiguro, 2005). Hailsham is presented as a pastoral school, but it is a biopolitical experiment in the meaning of the word referred to by Rose (2007) in that monitored, disciplined, and invested bodies of future clinical resources are created and raised there. The protagonists live an ever-organized life of clinical schedules and surveillance as they go to their Cottages and recovery centres, which resembles biocapital described by Rajan (2006) where tissues and organs are exchanged as a value in biomedical terms.

According to critics like Karmakar and Parui (2020) and Pereira and Karunakar (2024), this condition is depicted by critics who refer to the clones as a disposable body and peripheral biocitizens: their value is determined by how much they can help to maintain an unseen non-cloned population. Considered through the prism of medical humanities, these biotechnological collectives are not metaphors and prompt ethical consideration of the way modern biomedicine might be scripting some subjects as banks of usable portions of tissue, and not as agents with futures.

ENFORCED DISABILITY AND THE DONATION CYCLE

In this regimen, the system of donation is an enforcement of disability. The physical weaker state of donors is characterized by scars, exhaustion and loss of abilities until donation is completed after numerous procedures (Ishiguro, 2005). Here, disability and debility are not accidental, but intentional results: the system is created to cause progressive impairment due to its normal functioning. This rhetoric is echoed by the biopolitics of disability of Mitchell and Snyder (2015) where debilitation is distributed and controlled at the population level, and by the description of the right to maim by Puar (2017) where debilitation is produced and sustained.

The disability bioethics presented by Garland-Thomson (2017) points out the ableist value system behind such an arrangement: the health of the clones is so well preserved to cure or prevent disability in others, whereas their debility and early death is seen as socially justifiable. Pereira and Karunakar (2024) demonstrate this logic of a neoliberal, able nationalist England where only able-bodied subjects can enjoy full citizenship being backed by the sacrificial labour of the clones. The relaxed tone of Kathy in reporting that three or four donations are handled by donors is illustrative of the internalisation of enforced disability being a narrative that is being told as normal life-course, a normalisation that is being foregrounded in this article.

NARRATIVE, AFFECT, AND DISABILITY

The first-person narration by Kathy is a critical point in the discourse of enforced disability as perceived. Her tone is constant, humble and sometimes subdued, talking about big operations, how friends have weakened and their being completed without much direct indignation (Ishiguro, 2005). This describes the ambivalence of narratives as viewed through the prism of narrative-medicine narratives are vehicles of recognition, yet it is also possible to tame suffering through them (Charon, 2001; Milota et al., 2019). The pathos of the novel is not outspoken indignation but rather low-key sorrow, a cordial request to the reader to act morally with what is unspoken.

Kanyusik (2020) calls this affective structure the eugenic nostalgia in which Kathy desires Hailsham, yet she knows that it made her ready to sacrifice herself. The story plays out what Mitchell and Snyder (2015) describe as cultural strategies of managing disability: the violent acts of debilitation are assimilated into common discursive forms of duty, acceptance and modest virtue. In the case of medical humanities, this poses important questions concerning how institutional and clinical narratives case notes, consent forms, discharge letters, etc. can also normalise debility and loss, as well as the necessity to foster narrative competence that is conscious of such normalisations.

ETHICS OF CARE, AGENCY AND MICRO-RESISTANCE

Another line of analysis is care, which is an institutional role and a relational practice. Being a career, Kathy performs emotional labour, advocacy and interpretive tasks with donors between operations, which illustrates the attention and witness of the core of narrative medicine and disability bioethics (Charon, 2001; Garland-Thomson, 2017). However, her care is structurally ambivalent in that it not only relieves suffering but also makes it possible to have a system of donation which impose debility and death. This two-way-traffic jamming is like the challenges of the actual life of the clinician and the caregiver who work in a caring environment that might replicate structural injustice in the institution.

Even so, micro-resistances are also performed in the novel. Friendships, love affairs, artistic endeavors and thinly veiled optimism of deferrals are efforts to claim life beyond the usefulness of biomedicalism (Ishiguro, 2005). These are not overthrown acts but what Mitchell and Snyder (2015) refer to as per peripheral embodiment: a type of disabled and debilitated life that demands meaning on the periphery of regimes of dominance. In the case of medical humanities, these scenes imply that an alternative vision of care should be imagined that does not only soften but also radically disrupt the structures of ableism and extractivism.

GLOBAL BIOETHICAL RESONANCES AND ASIAN CONTEXTS

Though the setting of *Never Let Me Go* is in England, the ethical issues can be traced globally about organ transplantation, vulnerability and exploitation of structure. Rajan (2006) demonstrates the circulation of organs and tissues in an imbalanced global market with the bodies of the poor providing health of the rich. Forming these dynamics into a stronger fictional figure of the sacrificial body, the donor-clones with their organs keeping an invisible majority alive condense these dynamics (Karmakar & Parui, 2020).

In Asian and global South contexts, where biomedical infrastructures are on the rise despite inequalities that persist, this novel is an extremely powerful teaching tool in medical humanities. It can assist students and practitioners to consider how transplantation regimes, procurement practices and clinical decision-making can replicate regimes of forced disability to marginalised groups and do so inadvertently (Pereira & Karunakar, 2024; Garland-Thomson, 2017). Placing the local discussions in a wider biocapitalist and biopolitical context, *Never Let Me Go* can favor critical, narrative intervention on issues of consent, justice and the allocation of debility.

LIMITATIONS OF THE STUDY

The research only covers one Anglophone novel and does not involve empirical research in the classroom and compare the answers of medical trainees. It is thus interpretive and theoretical in its claims but is geared towards future pedagogical and empirical research and practice in medical humanities and disability bioethics.

CONCLUSION

Never Let Me Go is a medical-humanities text that sheds light on the creation of biotechnological bodies and forced disability and it has been portrayed in this article. Basing on narrative medicine, disability bioethics and biopolitics, it has revealed how Ishiguro brings to life donor-clones that are created, trained, and workded to death in a state that maximises the use of its somatic material and methodically causes debility and early mortality (Ishiguro, 2005; Rajan, 2006; Rose, 2007; Puar, 2017).

The analysis makes the novel more directly related to the issue of medical humanities by thinking of the clones as biotechnological bodies and the donation programme as forced disability (Garland-Thomson, 2017; Kanyusik, 2020; Karmakar & Parui, 2020; Mitchell & Snyder, 2015; Pereira & Karunakar, 2024), and ties it to the question of narrative, care and embodiment (Charon, 2001; Milota et al., 2019). *Never Let Me Go* therefore comes out as a pedagogical and theoretical tool worth meditating upon the ethics of organ transplantation, disability justice and cultural politics of biotechnology in Euro-American and Asian/global South settings. Further studies could be better integrated with empirical research in which the impact of the engagement with this novel is measured to the ethical sensibilities of the students in the medical, nursing and allied-health systems.

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