

YWCCT

Queer Medical Humanities

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Abstract: This chapter reviews a range of scholarship working at the intersection of queer theory and critical medical humanities in 2022 and 2023 under the following headings: 1. HIV/AIDS; 2. Healthcare Environments; 3. Trans Health Studies; and 4. Bioethics. The chapter sets out emergent movements within queer medical humanities and articulates how scholars utilise queer theory and analysis to encourage critical change within medical and healthcare theory and practice. The chapter provides a baseline for understanding how queer theory is adapted to interdisciplinary studies, especially in the UK and Europe.

The queer medical humanities is an emergent sub-field that brings together critical medical humanities and queer studies. The critical medical humanities constitute a fast-evolving, transdisciplinary field of research (Whitehead & Woods 2016), which focuses on critical understandings of health, illness, and healthcare using humanities and social science analysis and intervention. Queer medical humanities draws from a rich and diverse queer theoretical history in literary and cultural studies and applies foundational theories, such as performativities, temporalities, animacies, and affects, to medical and healthcare practice and theory. This sub-field critically integrates queer experiences of illness and medical treatment within healthcare institutions and care practices, pharmaceutical innovation, and medical ethics, and insists on the centrality of queer ways of knowing, doing, and being with/in health, care, and medicine. As such, it brings queer analytical precision to the growing interdisciplinary studies of health and medicine in society.

Recent years have seen the emergence of research networks focusing on queer medical humanities themes, including the Queer Medical Humanities Network led by co-author Benjamin Dalton at Lancaster University.¹ The scope and ambitions for queer medical humanities remain emergent, including interdisciplinary practice across English and comparative literature, history, cultural and media studies, anthropology, and sociology, and tapping into collaborative resources with natural and social scientists employing creative and arts-based approaches to research and engagement in science, technology and medicine (Hinsliff-Smith, McGarry & Ali 2022). Conferences such as “Contemporary Womxn’s Writing and the Medical Humanities” (29-31 July 2021), have also underlined the diversity of feminist and queer approaches to illness and healthcare enabled by the medical humanities.²

This chapter reviews scholarship at the intersection of queer theory and the critical medical humanities. We review recent work that we describe as ‘queer medical humanities’, which articulates, makes space for, and critically integrates queer experiences of illness and medical treatment within healthcare institutions and care practices, pharmaceutical innovation, and medical ethics. This review follows four prominent themes within emergent queer medical humanities research: 1 HIV/AIDS; 2. healthcare environments; 3. trans health studies; and 4. bioethics. Throughout this review, we gesture towards the defining features of ‘queer’ within critical medical humanities and articulate the dynamic and future directions of this emergent research domain. Due to the absence of a chapter on queer theory in the 2023 issue of *The Year’s Work in Critical and Cultural Theory*, the present chapter will address queer theoretical scholarship from across 2022 and 2023.

¹ See the website for the Network here: www.lancaster.ac.uk/queer-medical-humanities-network.

² Co-organisers of the conference, co-author Benjamin Dalton and Rebecca Rosenberg, have also underlined how medical humanities ‘can act as a place for feminist and queer resistance, emancipation and joy’ (Dalton and Rosenberg 2021).

1. HIV/AIDS

Recent scholarship at the intersection of queer theory and the medical humanities has explored the role of speculative technologies for healthcare, the politics of safer sex, and transformative biotechnologies. In a 2022 article in *GLQ*, Eben Kirksey has considered the ‘cruel optimism’ of gene-editing technologies in Chinese experimentations with HIV eradication. Tracing the ‘profitable futures’ of gene editing, particularly for scientists seeking to gain credibility and wealth through speculative technologies that edit the human genome to select for HIV-resistant adaptations, Kirksey argues that normative discourses of the nuclear family were centralised to make palatable experimental and fringe science. Kirksey suggests that the entanglement of the Family and the public image of a ‘hopeful technology’ for ending HIV transmissions was tampered with as these scientists’ ‘dreams of national glory, alluring technological visions, and get-rich-quick schemes of the innovation economy’ (p. 47) overwrote the material and social realities of paying for, living with, and being let-down by experimental science. Kirksey’s critical analysis attends to the affective power of promissory discourses within global technological innovation. Thinking carefully about the ethics and politics of closed-door science, inaccessible ethical and legal practices, and ultimately the reinforcement of biomedical and pharmaceutical authority to create a ‘hegemonic dreamworld’ (p. 49) of a society without HIV, Kirksey questions the reliability of scientific optimism and its over-riding and deeply deterministic logics of better social futures. Kirksey returns to critical disability studies and asks, in relation to the promotion of hope within HIV research, ‘hope for whom?’ (p. 49). Kirksey reflects on the severe consequences of prioritising pharmaceutical innovation over social realities, which marginalises and reinforces cultures of scientific and institutional oppression.

In the edited collection *Revisiting HIV/AIDS in French Culture: Raw Matters* (2022), Loïc Bourdeau and V. Hunter Capps consider the increasing value of ‘rawness’ as a site of

literary investigation, particularly for understanding new constitutions, performativities, and practices of queerness in French society. In their introduction, Bourdeau and Capps consider what is at stake in the politics of 'barebacking' (or sex without condoms amongst gay men) and ask: 'what might happen or what might it look like if we permanently let our guard down? What if we lay bare our raw emotions and have raw sex at the risk of losing ourselves in the process?' (pp. 12-13). David Caron's contribution to the volume attends to these questions by examining acts of witnessing and testimony, bringing attention to the temporalities of 'rawness'. Caron values the crudeness of the 'unsettling interplay of past, present, and future to propose a radical concept of witness temporality' (pp. 25-26). Capps then explores 'raw writing' or 'queer excess in the form of sex, the body, language, and drugs [to] make intelligible new subjectivities [and] manifest potentiality inherent to literature and the act of writing' (p. 39). Daniel Maroun's contribution traces the 'bloodlines' of French writer Erik Rémès' prose, arguing that Rémès' controversial seropositive writing in the 2000s has helped to reclaim sexual identity and agency from normative 'safer sex' discourses in dominant culture (pp. 57-58). Brian Troth's chapter takes a close look at public health campaigns and shifting notions of 'risk' in practices of sex in France (p. 75), while João Florêncio explores 'militant gays' and activist reshaping of sexual politics in French porn magazines from the 1990s (pp. 97-103). Lucille Toth and Cj Gomolka respectively consider the intersections of pandemic politics, sexual citizenship, and COVID-19. In all, the collection represents an in-depth look into the transformative sexual politics of HIV in contemporary France and how a 'raw' perspective might inform new understandings of sexual health and practice in society.

Andrew R. Spieldenner and Jeffrey Escoffier's edited volume *A Pill for Promiscuity: Gay Sex in an Age of Pharmaceuticals* (2023), considers the construction of American safer

sex in the 'PrEP era'³ Like *Revisiting HIV/AIDS in French Culture*, this collection explores the role of 'promiscuity' in the making of contemporary gay sex. The authors articulate transformations in safer-sex discourses, seeking to reclaim empowered histories, practices, and politics of sexual engagement, and their involvement and representation in American society. Spieldenner and Escoffier contest the tensions between normative assumptions about promiscuity and sexual cultures that have leaned into liberation discourses to assert their right to sex. 'Un-silencing' sex, then, this book uses 'imagined promiscuities' (p. 6) within and through literature, culture, and society to examine and critically reorient the 'promise of [HIV] suppression' (p. 7) made available by new biomedicines and technologies. This book attends to the situated nature of unequal distribution of biomedicines and illuminates key perspectives on condomless sex, sexual empowerment, trauma, prescription practices, and queer intimacies. Unlike *Revisiting HIV/AIDS, A Pill for Promiscuity* retains a speculative gesture towards 'emergence', foregrounding the role of utopian possibility for multiple sexual practices within pharmaceutical innovation and biomedical intervention.

This scholarship reveals tensions within perspectives of biomedical and pharmaceutical innovation, as well as perceived possibilities for sexual pleasure, desire, and practice. This 'chronic queer studies' sub-field (Ledin 2024) brings together queer theory and the medical humanities to provide new ways of thinking critically about the role of biomedicine and pharmacy, foregrounding the politics, struggles, and queer practices of living with HIV and its sustained transmission in society.

2. Healthcare Environments

³ Pre-exposure prophylaxis (PrEP) is an HIV prevention medicine used by people who are HIV-negative to prevent HIV transmission.

Recent scholarship has also underscored the complex interplay between queer healthcare and clinical environments, underlining how medical institutions, spaces, and architectures can be both oppressive and empowering to queer people. This work has highlighted how encounters with and within healthcare environments have been generative of innovations in queer theory, and how queer theories can challenge, shape, and improve these environments. Queer approaches to healthcare spaces and settings were spotlighted in a 2013 Special Issue of *Medical Humanities* titled 'Queer in the Clinic', edited by Lance Wahlert and Autumn Fiester. Here, Wahlert and Fiester evoke the significant ways in which the AIDS crisis has shaped and defined the relationship between queer people and the clinic: 'AIDS merely complicated and exacerbated what had already been a tense relationship between LGBTQ persons and biomedical practice throughout the twentieth century' (p. 86). Wahlert and Fiester further reference Michel Foucault as contributing to work that has shown that 'the clinic is an intensely problematic space for queers because many of their identities and categories were born there' (p. 86). A critical approach to this relationship, they suggest, is paramount to understanding and improving queer healthcare and rights today: 'The stigma, shame, and judgement attached to clinical and cultural appreciations of LGBTQ persons have an undeniable historical legacy that hangs heavy over our readings and renderings of gay, trans, and intersex persons in the medical realm today' (p. 87).

Beyond the 2013 'Queer in the Clinic' Issue, work published across 2022 and 2023 underlines the increasing urgency to address queer ways of knowing and being in clinical spaces. In 'Safe Spaces that Matter: Material semiotics, affective bodies and queer readings of clinical spaces in Winnipeg, Canada' (2022), Deborah McPhail, Robert Lorway and Claudyne Chevrier note the often unwelcoming or even explicitly queerphobic nature of clinical environments, in which 'participants reported unsettling interactions with healthcare spaces, rooted in cis-sexism, transphobia, and homophobia as filtered also through lenses of

race, racism, and colonialism' (p. 9). The authors analyse mechanisms through which a given clinical space might become a 'safe space' for queer patients, suggesting that visual cues such as rainbow flags only go so far (p. 9). Ultimately, McPhail, Lorway, and Chevrier advocate for encounters with queerness in the which 'the presence of queer bodies in clinical spaces disrupts the linearity of medical categorization as it questions the imposition of standardized and narrowly construed bureaucratic definitions of the human' (p. 9).

In 'Queer(ing) medical spaces: queer theory as a framework for transformative social change in anesthesiology and critical care medicine' (2023), Nicholas Hrynyk et al. suggest ways in which queer theory can be deployed in clinical contexts to improve patient outcomes. For instance, they attend to ways in which doctors themselves might re-think interactions with patients:

Queering medical spaces requires special consideration to be paid to the regulatory powers that medicine possesses. Physicians must think critically about the ways in which medicine, and their practice of it, has contributed to queer peoples' apprehensions of violence and discrimination. This means considering the ways in which institutions of medicine and practices of medicine are conceptualized and operationalized within queer communities. (p. 959)

The authors suggest 'training current and future health care providers, anesthesiologists, and critical care physicians to be cognizant of medicine's tenuous and strained history with queer people; queering medical spaces by using queer theory principles may make medicine more open and accessible for all, but this requires focused work' (p. 959). This work, then, goes beyond suggesting how encounters with clinical environments can lead to innovations within queer theory. It demonstrates how queer theory might be incorporated in very practical ways into clinical training, transforming patient-clinician interactions within healthcare spaces.

The physical environment of the clinic is also a central focus of Isabel Mudford's article "'There's Nothing Clinical About It': LGBT Health and the Atmosphere of the Clinic' (2024). This study surveys LGBT primary healthcare clinics, asking how these clinics work against the grain of more traditional healthcare environment to reduce discomfort and shame for queer clinic users. Mudford proposes that 'LGBT clinics are trying to curate "queer atmospheres" as a way of making LGBT people more likely to access medical care. By making intentional choices about location, use of art and colour, and employment of peer workers, LGBT clinics seek to create spaces in which gender and sexuality diversity are normalized and celebrated' (p. 14). Mudford's emphasis on the importance of work exploring how forms of queer affect can be harboured within the clinic serves as a counterpoint to Foucauldian critiques of the normativity of the clinic, suggesting ways in which this normativity can be reversed or designed out of clinical spaces.

3. Trans Health Studies

Recent theory in transgender studies has highlighted the importance of critical medical and health humanities approaches to trans healthcare. Engagements with biomedical science are not, of course, a new focus of Trans Studies. Susan Stryker's groundbreaking essay 'My Words to Victor Frankenstein Above the Village of Chamonix: Performing Transgender Rage' (1994), for instance, brings the lived experience of medical transition together with queer theory in approaching the figure of the monster from Mary Shelley's *Frankenstein* (1818), embracing an 'affinity' between herself and the monster: 'The transsexual body is an unnatural body. It is the product of medical science. It is a technological construction. It is flesh torn apart and sewn together again in a shape other than that in which it was born' (p. 238). Suggesting precisely medical science's capacity to queer and transform the concept of 'nature' itself, Stryker voices her retort to certain transphobic

discourses: 'When such beings as these tell me I war with nature, I find no more reason to mourn my opposition to them—or to the order they claim to represent—than Frankenstein's monster felt in its enmity to the human race. I do not fall from the grace of their company—I roar gleefully away from it like a Harley-straddling, dildo-packing leatherdyke from hell' (p. 239). Stryker's approach to biomedical science as a resource not for normativity but for queer bodily (re)invention continues to resonate powerfully within recent and emerging engagements with healthcare in trans studies.

The work of the contemporary philosopher and queer theorist Paul B. Preciado, for instance, explores queer identities, and in particular trans experience and embodiment, with a particular focus on biomedical science and clinical encounters. Preciado dialogues throughout his work with Foucault's social constructivist theories of sexuality and identity. His 2013 work *Testo Junkie* is a work of 'auto-theory', in which Preciado documents the metamorphoses taking place in his own body in response to the hormone testosterone which he is self-administering. Preciado advocates throughout for a transformed and emancipatory relationship with biomedical science, detailing how he is taking testosterone outside of medical frameworks, aiming not to arrive at any particular conception of masculinity but rather to co-invent with the hormone his own desired modes of embodiment and experience (pp. 55-67). These ideas are explored poignantly in two further works by Preciado published over the past two years: his latest book *Dysphoria Mundi* (2022), and more recently, his first full-length filmic work, *Orlando: My Political Biography* (2023).

Dysphoria Mundi (2022), originally published in French and currently unavailable in English translation, begins with Preciado's account of himself through his medical history; a self-portrait told through diagnostic categories and prescribed courses of treatment. At the centre of this medical history is the diagnosis of gender dysphoria. Preciado strongly critiques

the medicalization and pathologization of dysphoria, which he describes having had to comply with in order to access healthcare:

Il fallait que je me déclare fous. Atteint d'une folie bien particulière qu'ils ont appelée dysphorie. Je devais déclarer que mon esprit était en guerre avec mon corps, que l'esprit était masculin et que le corps était féminin. À vrai dire, je ne ressentais aucune distance entre ce qu'ils appelaient l'esprit et ce qu'ils identifiaient comme corps. Je voulais changer, c'est tout. Et le désir de changement ne faisait pas de différence entre l'esprit et le corps. (Preciado, 2013, p. 15)⁴

Preciado's political and philosophical project in *Dysphoria Mundi* is to reclaim the concept of dysphoria, divorcing it from its medical, pathologized meaning and expanding it to describe a productive collective state of disconnect between global populations and the reigning epistemological regime he refers to as 'pétro-sexo-racial' (p. 20): the nexus of power relations comprising fossil fuels and environmental destruction and the biopolitical and colonial control of sex and race. Drawing upon global events such as the COVID-19 pandemic, and movement such as Black Lives Matter and #MeToo, as well as the fire that partially destroyed the Notre Dame Cathedral in Paris in 2019, Preciado identifies the crumbling of capitalist structures and the powerful, pervading sense of shared *dysphoria*—a feeling of being 'out of joint' (p. 102)—that characterizes the collective experience of the tectonic shift between old political regimes and epistemological schemes and new forms of bodily freedom and justice. Whilst noting the very real pain and challenges which come with the experience of dysphoria, Preciado nonetheless sees in dysphoria the promise of transformation (p. 581).

⁴ 'I had to declare myself mad, suffering from a very particular kind of madness they called dysphoria. I had to declare that my mind was at war with my body, that the mind was male and the body was female. To tell the truth, I did not feel any distance between what they called mind and what they identified as body. I wanted to change, that's all. And the desire for change didn't see any difference between mind and body' (Dalton's own translation).

Preciado's more recent filmic work *Orlando: My Political Biography*—part documentary, part poetic adaptation of Virginia Woolf's own *Orlando: A Biography* (1928)—brings Preciado's queer theory to the screen. Bringing to life Woolf's narrative of the figure of Orlando through the narratives and lives of contemporary trans and non-binary people from different generations, who each take turns to play Orlando, this is a work of cinematographic 'auto-theory'. In the film, Preciado explores clinical spaces and advances in gender affirming care as tools of self-transformation and liberation. Again, Preciado's focus is on how medical care and institutions can be queerly re-appropriated and emancipated from within, untethering pharmaceuticals, diagnoses, and treatment plans from any normative origins and ambitions. One scene follows trans and non-binary patients in a waiting room to see a doctor, each playing the figure of Orlando. During a consultation with the doctor, one of the Orlandos is confronted with the limiting administrative and medical categories necessary to access hormones. An improvised market of pills is begun between the patients in the waiting room, who realise that they must take matters into their own hands in order to access trans healthcare freely. Another scene takes place in the operating theatre of a hospital. Rather than the operating on a human body, however, we see the masked surgeons gathered around a copy of Virginia Woolf's *Orlando*, making careful incisions into the book, operating directly on the text, and implanting other materials and media, such as photographs, into the text through careful stitching.

In a cinematographic gesture which might be seen as emblematic of the growing field of the queer medical humanities, then, Preciado brings together queer art, queer theory, and biomedical intervention on the operating table. The scene explores the biological body as a queer text; it suggests biomedical intervention as a potentially queer act and as a work of queer theory itself. Preciado's filmic transplant of his queer theories also envisages new ways for queer theory to leave the page and travel across different genres and media; his *Orlando*

demonstrates how queer theory can meet with cinema to re-imagine medical practices and institutions. Another film which might be seen as an example of how cinema can underscore the queer potentiality of medicine is Claire Simon's *Our Body* (2023), or *Notre corps* in the original French title. This documentary follows both patients and clinicians of the gynaecological department of a hospital in Paris; it follows trans patients in their consultations with doctors surrounding questions of gender affirming care, reproductive health, and trans ageing. The film does not contain the explicitly revolutionary or utopian aesthetics of Preciado's *Orlando*, yet does, in different ways, imagine the queer potentialities of medicine in the everyday workings of hospital life.

Other recent scholarship in trans studies and queer theory have provided critical frameworks for approaching biomedical and healthcare contexts. Mikey Elster's article, 'Insidious Concern: Trans Panic and the Limits of Care' (2022), explores how calls to limit trans healthcare are often steeped in the language of a supposed concern for trans people. Elster theorizes 'insidious concern':

While it couches critique in terms of benevolence, it simultaneously calls for the destruction of the object of concern. Of particular interest is how children are doubly situated as a symbol of population in need of saving, as well as actually existing children who stand to suffer from the prescribed interventions of insidious concern (p. 409).

Elster demonstrates how such rhetoric, which simulates concern and empathy, has featured prominently in increasingly prominent 'gender critical' discourses amid growing obstacles to accessing trans healthcare. Elster goes on to explore strategies of resistance employed by both patients and clinicians to overcome such discourses and access healthcare.

Thelma Wang's article 'Trans as Brain Intersex: The Trans-Intersex Nexus in Neurobiological Research' (2022), meanwhile, assesses how neuroscience strives towards

biomedical authority on sex and gender and demonstrates how neuroscientific attempts to locate the structures of gender identity within the brain ultimately lead to normative conceptions of gender and the exercising of medical power against trans and intersex people. Wang examines the essentialism at the heart of neurobiological theories of 'brain intersex', which '[suggest] that the incongruence between the *identified gender* and the sex assigned at birth of trans individuals originates from the incongruence between their *brain sex* and genital sex' (p. 172). Wang argues:

The brain is transposed as another site where sexual difference is calcified and the intersex condition is established. This interpretation not only collapses the conventional categorical division between transgender and intersex—by including the brain as one possible site of inborn sex differentiation—but it also implicitly transposes transgender people's complex, varying, and fluid self-identification of *gender* into the scientifically measurable and biologically fixed-at-birth property of the brain under the binary-sex typology. (pp. 172-3)

Wang draws briefly upon the work of Foucault in order 'to interrogate the medical power that lies within the interrelations of trans and intersex' (p. 175). Further: 'The simultaneous processes of interactions and decoupling between transgender and intersex through the mediation of medical knowledge and technologies serve as key mechanisms that consolidate medical authority despite shifting technologies of sex/gender management' (p. 175).

J. Logan Smilges' article 'Neurotrans: Thorazine, HIV, and Marsha P.' (2022) elaborates a politics of neurotrans at the intersections of neurodivergent and trans identities, bringing together mad studies and queer theory: 'As a politics, neurotrans is anti-racist, anti-colonialist, and anti-capitalist as much as it is anti-cissexist and anti-ableist. While a neurotrans analytic reveals the yoked forms of institutional violence facing trans and neurodivergent people, a neurotrans politics goes on to address the issues that are most

pressing to neurotrans folks on the margins, such as prison abolition, access to housing, and adequate health care' (p. 638). Neurotrans, for Smilges, interrogates the interwoven power structures which determine and police both gender, sexual normativity, and neurotypicality:

Neurotrans people are regarded as especially threatening because our very existence throws the cisableism undergirding Western culture into crisis. To be neurotrans is, on the one hand, to destabilize gender and ability categories individually: What is woman? man? What is ability? disability? But it is also to shed light on the interconnectedness of gender and disability, the ways that each relies on the other to cohere as a stand-alone concept (p. 639).

Smilges' article goes on to begin the work of a 'neurotrans historiography' (p. 639) spanning three distinct periods, which he delineates as 'Thorazine: 1952-80', 'HIV:1973-87', and 'Marsha P.: 1990-Present'. Smilges' project here is to uncover and bring to the fore 'the entangled histories of trans and neurodivergence with HIV' (p. 647). As Smilges argues: 'Neurotrans lays bare the contingency of trans and neurodivergence, the ways both are predicated on their mutual exclusion from cisnormativity and neurotypicality' as well as 'how their exclusion protects whiteness' (p. 647).

Work on trans healthcare histories, activism, and rights at the intersections of Trans Studies and Queer Theory demonstrates how the queer medical humanities critically approach gender essentialism, heteronormativity, neuronormativity, and ableism in medical discourses and practices. Work by trans studies philosophers and historians such as Preciado and Stryker, further, highlights ways in which biomedical discourses can be reappropriated and transformed for freedom, pleasure, and bodily autonomy.

4. Bioethics

In his book chapter ‘What can queers teach us about nursing ethics?’ (2023), found in *The Routledge Handbook of Philosophy and Nursing*, Maurice Nagington revisits neoliberal concepts of vulnerability and reliance within nursing ethics. He argues for a ‘queer ethics of care’ that more accurately attends to the ‘boundary crossings’ that occur within and through nursing practice. Nagington integrates queer relational theory into his understanding of nursing practice, particularly via Judith Butler (2015) and the Care Collective (2020), to work towards a ‘promiscuous care approach’. He attests to the historical and political legacies of queer care located in the early AIDS crisis period (from early 1980s through the late 1990s), drawing out the situated nature of ‘carer’ and ‘cared for’ within this context. Noting the ‘intermingling’ and sometimes ‘swapping’ of roles, when carers and those cared for (rather than patients) move between roles as they experience HIV-related symptoms (Kayal 1991), Nagington articulates how the ‘community of practice’ that emerged from these shifting health-and-care roles and dynamics informs a queer ethics of care in the present.

Principally, Nagington is interested in the role that a ‘promiscuous ethics’ may offer our understanding of ‘mutuality, connectedness and patience’: concepts that he suggests may obfuscate or indeed work against entrenched, marketised and neoliberal logics of care in the contemporary clinic and nursing home (p. 407). By ‘promiscuous’, he means ‘without boundaries, where there is no distinction between “our own” and those we consider to be “others”’ (p. 407). He draws this definition from the Care Collective’s (2020) radical manifesto for a care-centered society, and reconceives of promiscuity as both an unclosed episteme and an embodied politics. The promiscuous -- theorised multiply within queer theory as liberatory (Crimp 1987), relational (Bersani 2009), anti-relational (Edelman 2004), and familial (Dean 2009) -- plays a central role in tensions between doctors, nurses, and patients. Nagington therefore seeks to excavate this resilient queer concept for a health

practice. He suggests that a promiscuous approach enables nurses to think critically about the *cared for* and *carers*, noting again the fluid boundaries between these roles.

In thinking about promiscuous practices, Nagington considers the role of 'ethico-political acts' within nursing practice. This ethico-political framing draws from the scholar-activist impulse of first-wave queer theory (Jagose 1997), enabling him to question not simply the legacies of care that might inform a 'queer nursing ethics' but also what an open temporal trajectory and embodiment might offer such ethics. For Nagington, 'there is a continual need to bring more people into more equal forms of relationships that can be the basis for enhancing our ability to care for one another' (pp. 410-411), which, as the Care Collective argue, is central to putting care at the very centre of life and society (2020, pp. 9-10). This temporal politics enables Nagington to both critically examine and contest established and normative boundaries within healthcare settings, thereby enabling new horizontal encounters (Muñoz 2009) for coming-to-be-with (Haraway 2016) a queer ethics of care. Nagington's queer ethics, then, is processual. It involves *the defamiliarisation of individualised care*, through a queering of its normative practice within the care home; *the acknowledgement of shared vulnerability*, to account for the silencing of mutual aid and solidarity (Spade 2020); and then (but not finally), *the re-centering of a collective queer politics of care*, which involves queer-identified patients, doctors, nurses, researchers, and other stakeholders *and also* a healthcare practice and a society with care at its centre that values and upholds queerness as life itself rather than a minority quality addressed within and through health interventions.

This final stage involves not simply re-centring queerness and staying with the tension of queer ways of knowing and being. It necessarily risks involving ways of caring and failing to care (in normal ways) as the foundation of a queer ethics. In arguing for a perpetual and open temporal politics, Nagington begins to think critically about the role of 'failure' in the

making of a queer care ethics. Nagington only briefly speaks to this point, which, building upon Jack Halberstam's (2011) queer theories of failure, has immense potential to reconceive, reflect and revise ways of knowing about and doing critical care, health promotion, and nursing (both in practice and theory). As Halberstam argues, 'Failing is something queers do and have always done exceptionally well; for queers failure can be a style, to cite Quentin Crisp, or a way of life, to cite Foucault, and it can stand in contrast to the grim scenarios of success that depend upon "trying and trying again"' (pp. 2-3).

To follow this queer ethics of failure for critical nursing and public health more broadly, then, raises attention to the 'shadows' cast upon queer communities through the de-centring and silencing of their ways of knowing about and being in the world. It might, in other words, help to make these absences reverberant within existing health-care practice(s) - even if these ways of knowing and being cannot now (or ever) be immediately uncovered. Extending Nagington's queer ethics, in short, could enable new and complex ways of inviting in, centring and empowering queer experiences within healthcare. But more urgently, it could enable the kinds of encounters with shared vulnerability that Nagington champions in his aspiration(s) for a queer ethics of care.

Conclusion

Developments in the queer medical humanities enables new critical theory to interrogate genres, such as Preciado's interdisciplinary working across film and philosophy in *Orlando* (see also Evans [2020] for more discussion of Preciado's genre-transgressing oeuvre). Additionally, new intersections between the Medical and Health Humanities and the Environmental Humanities has helped to expand the scope and potential of queer perspectives beyond localised accounts of individual or community experiences, to consider infrastructural and ecological perspectives about queerness in the Anthropocene. For

Dalton and Ledin (2024), forthcoming in Volume 32 of *The Year's Work in Critical and Cultural Theory*

instance, these intersections have been explored in *The Bloomsbury Handbook to the Medical-Environmental Humanities* (2022), edited by Scott Slovic, Swarnalatha Rangarajan, and Vidya Sarveswaran. Writing in the wake of the COVID-19 pandemic, Slovic, Rangarajan, and Sarveswaran note: 'our experience of this dramatic and traumatic pandemic has driven home to us that there is no "human health" and "environmental health." There is only health—and the absence of health' (p. 9). The intersections of environmental, ecological, global health, and eco-crisis politics with/in queer studies is a clear path for new and established queer medical humanities scholars.

Given the established area of Queer Ecologies and Queer Environmentalism (Mortimer-Sandilands and Erickson 2010; Seymour 2013), and developments in the Queer Medical Humanities as we have sought to sketch out above, queer approaches to the Medical-Environmental Humanities—indeed a Queer Medical-Environmental Humanities—would be a productive step. In a chapter featured in *The Bloomsbury Handbook* entitled 'Health, Disease, and the Body in Ecofeminist Theory: Entangled Vulnerabilities' (2022), Susanne Lettow draws from queer and ecofeminist thought to conceptualize the complex interrelation between bodies and environments (p. 186). Elsewhere, Sathyaraj Venkatesan and Ishani Anwesha Joshi's article "'The time is out of joint": temporality, COVID-19 and Graphic Medicine' (2022), draws upon theories of queer temporality in its exploration of the disorientating experiences of time specific to the COVID-19 pandemic. These articles demonstrate great potential for this sub-field and help to bring queer medical humanities into conversation with other disciplines, such as global health, ecology, science and technology studies, and innovation studies.

Finally, we note the influx of work on neurodivergence, neuroqueer, and neurotrans theory and practice, which solidifies foundational commitments to critical disability studies and queer theory's indebtedness to questions of normalcy, cure, accessibility and

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accommodation, eugenics, and ableism in the making of 'healthy' subjects (in research and practice). This work, too, serves as a threshold across which the queer medical humanities emerges, to explore issues of extraction and extractivism in research and practice, especially in emergent discussions about patient and participant involvement in healthcare and medicine. This also includes resistance to capitalist compensation models that commodify patient and activist experiences and thus normalise systematic deprivation of ethnic minorities, disabled, and queer participants in healthcare innovation and service provision. Here we believe the queer medical humanities also has the potential to address issues of equity, sustainability, inclusion, extraction, and exploitation in healthcare reform, pharmaceutical (re)development, and care practices and ethics.

Books Reviewed

Bourdeau Loïc, Capps V. Hunter, eds, *Revisiting HIV/AIDS in French Culture: Raw Matters* (Lanham: Lexington Books, 2022). ISBN 9781793650092 (e-book)

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