

“No African American Personnel to Care for This Patient”: Semiotic Recall of Racial Culture and “Leaky” Ethics in Jodi Picoult’s *Small Great Things*

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Abstract

African American literature has always manifested interest in documenting racial history. Recent times have witnessed a newly emerging body of medical fiction that captures the racist assumptions of white supremacist patients and how it affects black nurses in healthcare institutions. Attempting a close reading of the particular instances from one such fictional meditation, *Small Great Things* (2016) by Jodi Picoult, this article investigates the symbolic and cultural recollections of white supremacist Turk Bauer and the embodied ethical quandaries of the black labour ward nurse Ruth Jefferson, while treating the new mother Brittany Baur and the infant Davis Bauer. The article relies on the theoretical-conceptual frameworks of cultural-semiotic memory by Astrid Erll and Juri Lotman and black feminist approaches to bioethics of Margrit Shildrick and others to interpret the perspectives of racial supremacy and prevailing inequality encountered by black nurses in healthcare institutions.

Keywords: memory, feminism, black nurse, ethics, race, semiotics

When everyone has the same bias ... you've created an echo chamber

-Matt Grawitch¹

Introduction: Tracing the Context

While previous attempts to document the complex history of racism and eugenics have (not limited to one country) portrayed the changing socio-cultural conventions, these concepts have re-emerged to address the repercussions of ethnoracial groups, particularly Afro-Americans, in healthcare institutions. John Hoberman astutely observed such form of racism as “medical racism.”² According to Eric Bronson “medical racism is the systematic and wide-spread racism against people of color within the medical system. It includes both the racism in our society that presumes Black people less healthy, the disparity in health coverage by race, and the biases held by healthcare workers against people of color in their care.”³ It also involves the bioethical challenges experienced by them in healthcare institutions. David DeGrazia and Joseph Millum

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¹ Louis Greenstein, “Is It Bias or Is It Bigotry?,” *Rotary* (2022). At: <https://www.rotary.org/en/bias-or-bigotry>.

² John Hoberman, *Black and Blue: The Origin and Consequences of Medical Racism* (Berkeley: University of California Press, 2012), p. 1.

³ Eric Bronson, “What is Medical Racism?,” *YWCA* (2020). At: <https://www.ywcaworks.org/blogs/firesteel/what-medical-racism>.

define bioethics as “the study of ethical issues that arise in medicine, in such allied fields as nursing, pharmacy, and public health, and in the life sciences.”⁴ In 1979 Tom L. Beauchamp and James F. Childress invested in foregrounding the bioethical (i.e., *prima facie*) principles such as autonomy, non-maleficence (do not harm), beneficence (to do good), and justice. Autonomy is an individual’s self-governance and decision-making in health care and research; non-maleficence is the principle that abstains from causing harm to others; beneficence is an embodiment of the moral obligation to act for the benefit of others rather than a mere refrainment from harming; justice is defined as a requirement to provide as well as receive fair, equitable and appropriate treatment against the inequalities in the access to healthcare and health status.⁵

However, Afro-American scholarship suggests that such principles are more thoroughly situated and aimed at both white patients and healthcare professionals and also white American culture, and being less concerned regarding the healthcare status of black Americans, particularly women. Concerning this, Kiesha Ray, a scholar of bioethics, termed the phrase “black bioethics” to give voice against medical racism and for the healthcare status of Afro-Americans. According to Ray, “black bioethics can be explained very simply as the exploration and interrogation of any event, ideal, technological advancement, person, or institution that directly or indirectly affects the health or well-being of black (loosely defined) individuals or the black population.”⁶ It also questioned the fiduciary relationship between black patients and white doctors. Thus, medical racism blends the Afro-American lifestyle and the medical narratives on their bioethical predicaments to delineate their rarefied realities against the prescriptive norms of biomedical culture. Colossal works have inclusively captured the health disparities, ethical violations, dilemmas, and silenced and subjugated memories of black American patients.⁷ One of these works was a feature-length documentary directed by Todd Stevens which identified the horrendous experiences of Afro-American disabled patients in Crownsville Hospital with the synergetic interflow of both visual and verbal testimonies.⁸

Such complex narratives are not only limited to patient-centered experiences but also imply discussing the black nurse and white patient relationships. Several studies have shown interest in elaborating on the apprehensions, trauma, and ethical and emotional turmoil of black women in their nursing workspace, which in part, also includes the discrepancy spurred from the misconceptions of the white patients as well as physicians. For instance, in an article written by several African American nurses highlights these prevailing habits of “race bullying”

⁴ David DeGrazia and Joseph Millum, *A Theory of Bioethics* (Cambridge: Cambridge University Press, 2021), p. 1.

⁵ Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics* (Oxford: Oxford University Press, 2013).

⁶ Keisha Ray, “Black Bioethics and How the Failures of the Profession Paved the Way for Its Existence,” *The Hastings Center* (2020). At: <https://www.thehastingscenter.org/black-bioethics-and-how-the-failures-of-the-profession-paved-the-way-for-its-existence/>.

⁷ See Allen M. Hornblum and Holmesburg Prison, *Acres of Skin: Human Experiments at Holmesburg Prison: A True Story of Abuse and Exploitation in the Name of Medical Science* (London: Routledge, 2013); James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: Free Press, 1993); Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (Winter Springs: Paw Prints, 2010).

⁸ Todd Stevens (dir.), *Crownsville Hospital: From Lunacy to Legacy* (Ingo Films, 2018).

experienced by black nurses in the clinical environment.⁹ Joanne M. Hall and Becky Fields state that “contemporarily, racism is more subtle than overt.”¹⁰ While articles such as these promulgate the mental and social attritions among black nurses in the white healthcare environment, medical racism and the deemed discrepancies of black American nurses have attracted fictional representations.¹¹ Similarly, recent times have witnessed the newly emerging body of medical fictions that portray the ethical challenges of a black nurses. The research article closely reads the particular instances from one such fictional meditation, *Small Great Things* (2016) by Jodi Picoult.¹² Picoult’s work not only gives voice to the ethical dilemmas of black nurse, Ruth Jefferson, but also reflect the racist assumption of white supremacist patients, Turk and Brittany Bauer. Picoult’s oeuvre is reviewed in several articles, yet is lacking academic research. Thus, this article investigates the symbolic and cultural recollections of Turk and the embodied ethical quandaries of the black labour ward nurse Ruth Jefferson while treating both new mother Brittany and the infant Davis Bauer.

We combine two different approaches, namely cultural memory and black feminist bioethics, the former for analysing the mnemonics of Turk and the latter for analysing the prevailing inequality encountered by Ruth in healthcare institutions. This article benefits from the theoretical-conceptual frameworks of cultural-semiotic memory as posited by Astrid Erll and Juri Lotman, and also the feminist approaches to bioethics as propounded by Margrit Shildrick. Observation of how white supremacists have culturally metamorphosed and the detailing the ethical challenges of black nurses increase understanding of medical racism; we accentuate the psyche of racists, their pluripotent norms and customs, and the unjust treatments by which they culturally oppress the black nurse. Yet, it is instructive to discuss Picoult’s racist avatars, Turk and Brittany, and how their assumptions reshape Ruth as a vulnerable being.

Overview of the Context

Small Great Things is Jodi Picoult’s twenty-fifth novel, offering an insight from the inner workings of Mercy–West Haven Hospital. The title of the novel was inspired by Martin Luther King Jr’s speech, and is also a tribute to the civil rights legend. Picoult chronicles the cultural metamorphosis of white supremacist couple Turk and Brittany Bauer, and their group of acolytes. Picoult represents Turk and Brittany as cynically motivated white Americans whose *idée fixe* is the eradication of ethno-racial group. The term metamorphosis is suitable for Turk, who turned himself into a white supremacist, following his misapprehension that an African American murdered his brother. Picoult draws the reader’s attention to their racial activism that involves white power, the Aryan league, and North American Death Squads (NADS), and the separate website, lonewolf.org. For instance, “There were families milling around eating corn

⁹ Kechinyere C. Iheduru-Anderson, Chimezie J. Agomoh, and Joseph Inungu “African Born Black Nurses’ Perception of Their U.S. Work Environment: Race Matters,” *Nursing Outlook*, vol. 69, no. 3 (2021), p. 420.

¹⁰ Joanne M. Hall and Becky Fields, “Race and Microaggression in Nursing Knowledge Development,” *Advances in Nursing Science*, vol. 35, no. 1 (2012), pp. 25–38.

¹¹ For example, Suprena L. Hickman, Cecilia D. McIlwain, and Vianna L. Jones, *The Diaries of a Resilient Black Nurse* (independently published, 2021); Diane Jones, *The Story of Me: A Black Nurse* (Bloomington: Author House, 2011); and Maria Smilios, *The Black Angels: The Untold Story of the Nurses Who Helped Cure Tuberculosis* (London: Penguin, 2023).

¹² Jodi Picoult, *Small Great Things* (New York: Ballantine Books, 2016).

dogs and fried dough [...] wearing T-shirts that said I'M THE WHITE CHILD YOU'RE SECURING THE RACE FOR!"¹³ Moreover when discussing available targets to choose from in a shooting range, Picoult writes that "there were stacks of targets: more Jewish profiles, but also black ones, with giant lips and sloping foreheads. There was Martin Luther King, Jr., in bull's eye with words printed across the top: MY DREAM DID COME TRUE."¹⁴ These targets unleash psychological power, providing a target for racial aggressions, and confirming biased impression of different ethnic groups. The novel lays bare the dilemma, colourism, affect, and shared vulnerabilities of black labour ward nurse, Ruth Jefferson in Mercy–West Haven Hospital: "'How many other African American personnel are on this ward?' We both know the answer to that. A big, fat zero."¹⁵

Through Ruth, the author highlights the plight of Afro-American nurses in healthcare institutions. After Brittany gives birth, Turk and Brittany named their newborn baby Davis Bauer. Davis was later diagnosed with MCADD, a rare genetic disorder that involves respiratory failure. In their first encounter with Ruth, Picoult reveals the ethical dilemma that Ruth faces, treating the new mother, Brittany, and Davis. Moreover, in a National Public Radio interview, Picoult stated that the fiction is inspired by a true story; "a seed for [her] that grew, and [she] began to push the envelope a little bit, wondering what would happen if that nurse had been left alone with the baby?"¹⁶ Ruth, whose attempts to stimulate the respiration of Davis were in vain, becomes a victim of her moral actions. The chapters dealing with the experiential truth of Ruth are replete with blame and shame that entwine the forced normalisation of racism and colourism. Picoult signposts racial history in the United States. For instance, Jefferson, as a cue card, references the Declaration of Independence and founding father, Thomas Jefferson, and ironically indicates the efforts of Ruth to combat the physical and psychological debilities of being an Afro-American. As suggested by *Collins Dictionary*, "Turk" is a derogatory British slang term that characterises a violent and domineering person.¹⁷ Being the daughter of a white supremacist father, Brittany is portrayed as an inheritor of the white power movement. Picoult, who deals with the journey of Ruth, brings poetic justice to the interlocutory white nurses like Marie, Corinne, and white lawyer Kennedy McQuarrie illustrating their empathetic intersubjective dispositions amidst the less benign medical racism.

Semiotic Recall of Racial Culture

The article examines various trajectories of semiotic recall from the mnemonics of Turk that transform him into a white supremacist. In the Tartu-Moscow Semiotic school, Ivanov et al. shed light on the role of semiotics in memory: "If we regard the collective as a more complexly organised individual, culture may be understood by analogy with the individual mechanism of

¹³ Picoult, *Small Great Things*, p. 37.

¹⁴ Picoult, *Small Great Things*, p. 38.

¹⁵ Picoult, *Small Great Things*, p. 51.

¹⁶ Scott Simon, "Small Great Things Author Jodi Picoult Talks about Inspired the Novel," *National Public Radio* (2016). At: <https://www.npr.org/2016/10/08/497164687/small-great-things-author-jodi-picoult-talks-about-inspired-the-novel>.

¹⁷ "Turk," *Collins Pocket English Dictionary* (London: Harper Collins, 2010).

memory as a certain collective mechanism for the storage and processing of information.”¹⁸ For instance, “THE FIRST NIGGER I EVER MET KILLED MY OLDER BROTHER.”¹⁹ Unfolded as a mnemonic past, Turk Bauer recollects an incident that concerns his susceptibility to racism and biasedly encodes a black American as a murderer prior to the accident that killed his brother. Turk becomes fixated on (re-)membering (and hence retrieving) Afro-Americans as the *nigger* from the frenetic beliefs of white supremacy. For Juri Lotman, Turk’s condition explicates the epistemology’s twin supporting structures, semiotics, and memory. “Lotman’s major contribution to the development of semiotics consists in highlighting the mnemonic function of culture and placing it at the core of the semiotic analysis of culture.”²⁰ Having a derogatory baggage, the term “nigger” obliquely unravels the dynamics and mechanism of word generating racial culture. Prefiguring to which, in an epistle to DuBois, Robert A. Martin highlighted that “[t]he word, ‘Negro,’ or ‘nigger,’ is a white man’s word to make us feel inferior.”²¹ The essence of racial culture is such that the past is enmeshed in the inner architectonics of languages implying an invisible force in the identity of a particular community; it “can be defined as a space of shared memory, within which certain common texts are preserved and actualized.”²²

Subsequently, this highlights how Turk recalls and coalesces the carriers of racial sign into the biblical allusion: “For years, I was taught that God needs soldiers. That we are the angels of this *race* war, and without us, the world would become Sodom and Gomorrah all over again”²³ (emphasis added). Fantasised yet myopic, the avid interest in battle myth, subduing ethnoracial groups and ‘cities of the plain,’ calls the reader’s attention to Turk’s prioritisation of demonising black Americans. It not only reshapes the sacred and ephemeral religious beliefs but externalises an implicit semiotic propensity in terms of infusing sub-collective words of hatred in the “varied levels of *ellipsis*”²⁴ (emphasis added), ‘ellipsis’ is utilised as a term to encode the xenophobic glossaries evolved as fillers within the biblical commentaries that bears witness to the repository of racio-culturological memory.

Turk’s memories reflect the warring factions of racism such as white power, the Aryan Women’s League, North American Death Squad (NADS), and the illicit trafficking of guns:

I was able to lift guns from Colt’s by forging inventory, and then sell them on the street. Mostly, we sold to blacks, because they were just going to kill each other with them anyway, and also because they paid three times more for a weapon than the Italians would.²⁵

¹⁸ Marek Tamm, “Introduction: Juri Lotman’s Semiotic Theory of History and Cultural Memory,” in *Juri Lotman - Culture, Memory and History: Essays in Cultural Semiotics*, ed. Marek Tamm (London: Palgrave Macmillan, 2019), p. 9; see also Vyacheslav Ivanov, Juri Lotman, Aleksandr M. Pjatigorskij, Vladimir Toporov and Boris Uspenskij, “Tezisy k semioticheskomu izucheniju kul’tur” [Theses on the Semiotic Study of Cultures], *Semiosfera*, 2000 [1973].

¹⁹ Picoult, *Small Great Things*, p. 26.

²⁰ Tamm, *Culture, Memory and History*, p. 9.

²¹ Tom W. Smith, “Changing Racial Labels: From ‘Colored’ to ‘Negro’ to ‘Black’ to ‘African American,’” *Public Opinion Quarterly*, vol. 56, no. 4 (1992), p. 498.

²² Tamm, *Culture, Memory and History*, p. 133.

²³ Picoult, *Small Great Things*, p. 27.

²⁴ Juri Lotman, “Memory in a Perspective,” in Tamm (ed.), *Juri Lotman - Culture, Memory and History*, pp. 133–37, p. 134.

²⁵ Picoult, *Small Great Things*, p. 104.

In this context, the testimony collectively reiterates the gravitas of hate crimes from a “semiotic mediation.”²⁶ Rather than categorising anthropologically, through the dimensions of social, mental, and material cultures, “semiotics systematically connects these three areas in the way it defines a social culture as a structured set of users of signs (individuals, institutions, society).”²⁷ This helps navigate the xenophobic behavioural codes of Turk, and highlights his *modus operandi* to accelerate hate crimes and racism, from material possession to product sales of detrimental weaponries. The NADS, through which they unpack inner aggression, emphasise the *social dimension* of memory that recalls the resultant stigmatisation and victimisation of black Americans and charts the temporal shifts that negotiate the semiosis of whitewashing. Influenced by German philosopher Ernst Cassirer,²⁸ Erll emphasised “[w]hether a piece of information to be remembered is encoded in the symbolic forms of academic history or Christian religion, of Islamic law or western literature is a crucial question, since the choice of symbol system also changes the quality of that which is remembered.”²⁹

The phrase “death squad” illustrates the shared communal response that conceals the histories and labours of ethnoracial minorities and impinges ‘white’ as the one “*who built this land*”³⁰ (emphasis added). In this sense, the *mental dimension* of exchanging guns to black Americans over money “enable[s] and shape[s] collective remembering through symbolic mediation, as well as [represents] the effects that the activity of remembering has on the mental dispositions predominant in a [white] community.”³¹ Although the guns are designed, in general, with great attention to their ergonomic factors, the exemplified testimony predominately associates it as his *mnemonic material* in terms of imbricating the nefarious culture among black Americans. Having an autobiographical tone, the stylistic choice from the aforementioned instance, assesses the mnemonic schemata of Turk. Particularly the usage of words like ‘kill’ and ‘anyway’, is a subtle and predictable way to portray his obsession. Also, these words have strewn across the page and reappear from the myriad perspectives of racial views. Insofar as the article has retrieved the responses of Turk from the semiotic engagement of cultural memory to culminate the biased nature of human experiences, and hence divulges into the approaches of black feministic bioethics to investigate the ethical quandaries of Ruth Jefferson while treating new mother Brittany and newly born Davis.

“Leaks and Flows” in Bioethics

While giving prominence to the experiential truth of Ruth, our article interlaces Afro-American bioethics (i.e., black bioethics) and feminist bioethics, seeking to demonstrate the normalised cultural bigotry and unjust treatments experienced by Ruth, which is prone to her ethical dilemmas as a black nurse. Feminist bioethics independently gained momentum during the pivotal era of the 1990s and has taken the determining step to voice out the distinct features of

²⁶ James Wertsch, *Voices of Collective Remembering* (Cambridge: Cambridge University Press, 2002), p. 52.

²⁷ Astrid Erll, *Memory in Culture* (London: Palgrave Macmillan, 2011), p. 102.

²⁸ Ernst Cassirer, *An Essay on Man: An Introduction to a Philosophy of Human Culture* (New Haven: Yale University Press, 1944).

²⁹ Erll, *Memory in Culture*, p. 104.

³⁰ Sara Ahmed, *The Cultural Politics of Emotion* (London: Routledge, 2004), p. 43.

³¹ Erll, *Memory in Culture*, pp. 103-104.

feminist ontology and epistemologies in medicine and healthcare. Feminist bioethicist Shildrick stated that “I shall look in particular at how traditional notions are applied within biomedicine, using that term, as do Beauchamp and Childress (1983), as a shorthand expression for the interactive field of science, medicine and health care.”³² While interweaving the idea of Shildrick with the perspectives of black bioethics, her idea reverberates a question of “[h]ow can we transform our systems of research and clinical care to better meet the needs of [black women] communities who have been marginalised from and excluded by biomedicine?”³³ Suitably, Yolanda Wilson asserts that “a black feminist bioethics may be precisely the foundational bioethical approach that is needed.”³⁴ Thus, the article utilises the feminist arguments of Shildrick for addressing the experiences of black women in healthcare institutions when “[s]he was characterised as a passive receiver of benefits rather than as an independent agent.” This upsurge of concern also includes the dichotomy between “the morally active professional” like Ruth, and “of the [morally] inactive patient[s]”³⁵ like Brittany and Turk.

The vantage point in the exposition, stressed by Picoult in the subsequent discussions, is twofold. At one level, what Turk and Brittany perceive is a reflection of xenophobic behaviour, steeped in fear of losing the dyadic relationship with Davis. On the other, Ruth's ethical dilemmas and apprehensions while encountering Turk, Brittany, and during the respiratory failure of Davis. Here, Picoult illustrates how the muttering, restlessness, and detestable behaviour of Turk and Brittany affect Ruth's assessment while treating Davis.

I can hear Brittany and Turk whispering fiercely [...]
I realize that the whispering behind me has stopped. But instead of feeling more comfortable, it feels ominous. *What do they think I'm doing wrong?* [...]
I can feel the parents' eyes, hot on my back. [...]
I reach down to help position the baby, but Brittany flinches.
“Get away from her,” Turk Bauer says. “I want to talk to your boss.” [...]
“I don't want her or anyone who looks like her touching my son,” [...]
For a moment, I honestly don't understand. And then it hit me with the force of a blow:
they don't have a problem with I've done.
Just with who I am³⁶ (emphasis original).

As a moral agent, such discrepancy estranges her self-determination, which is *sine quo non* for the strands of feminist ethics, and “its manifestation in practice is severely restricted.”³⁷ Such detestable behaviour reciprocates the entailing patriarchal conventions in liberal humanism as “it is the case that within the existing structures of society, those constructed values which masquerade as universal and timeless are just those which maintain male dominance.”³⁸ What is at stake for Ruth is to become perpetuate under the dominance of Turk and the indirect

³² Shildrick, *Leaky Bodies and Boundaries*, p. 6.

³³ Jennifer Elyse James, “Black Feminist Bioethics: Centering Community to Ask Better Questions,” *Hasting Centre Report* 52, no 1 (2022), p. 21.

³⁴ James, “Black Feminist Bioethics,” p. 21.

³⁵ Margrit Shildrick, *Leaky Bodies and Boundaries: Feminism, Postmodernism and (Bio)Ethics* (London: Routledge, 2015), p. 7.

³⁶ Picoult, *Small Great Things*, p. 25.

³⁷ Shildrick, *Leaky Bodies and Boundaries*, p. 8.

³⁸ Shildrick, *Leaky Body and Boundaries*, p. 97.

interference of Brittany. Put differently, Gayatri Chakravorty Spivak states, “the prohibited margin of a particular explanation specifies its particular politics.”³⁹ In bioethics, such marginalised voices (or voicelessness) restrict professional autonomy. Although numerous definitions elaborate on professional autonomy, the article “The meaning of autonomy in nursing practice” by Skår concisely enunciates it as “having the authority to make decisions and the freedom to act in accordance with one’s professional knowledge base.”⁴⁰ However, Turk and Brittany repudiate Ruth’s autonomy both as a ‘black woman’ and as a labour ward nurse. The feeling that Ruth becomes an “ominous being” shows how racial identity transforms her into an suspicious entity. For Shildrick, “[a]s long as [black] women have restricted access to both mental and physical freedom, and are denied the exercise of full rationality, then they must necessarily fall short of the [white] male standard of moral agency.”⁴¹

Contesting the unsettled belief of sexual differences between Ruth and Brittany, Shildrick goes on to critique the modern episteme of how particular gestures of white woman (as discourse) affect the professional autonomy of black woman. According to Turk,

Brit grabs Davis so tightly I think he’s going to start screaming. “Isn’t he a sweetie!” the black nurse says. “What’s his name?”
My wife looks at me, a question in her eyes. She doesn’t want to have a conversation with this nurse any more than she’d have a conversation with a goat or any other animal.
[...]
I take a step towards her, where she’s bent over my baby, but Brit grabs the tail of my shirt.⁴²

The bodily gestures like securing Davis, eye contact, and grip over Turk become a “fractured”⁴³ sign, providing no autonomous value to Ruth and constraining her to become an intangible subject while attending Brittany. Epistemically speaking, such moral and ethical scrutiny complicates the multiplicity of *différance* as devised by Jacques Derrida. “And it is here that [Shildrick] want[s] to bring together the two strands of my argument: just as the excessive and leaky [black] female body threatens self-certainty, so too the leaky logos undermines ontological and epistemological closure.”⁴⁴ Unlike other white nurses, like Corinne, Lucille, and Marie, Brittany treated Ruth as an unequal and fungible subject. Lloyd puts it, “If [black] women’s minds are less rational than [white women]’s, it is because the limits of reason have been set in a way that excludes qualities that are then assigned to [black] women.”⁴⁵

Picoult externalises the polarity between Ruth and Turk from their interracial and apathetic interactions, which illuminates the consequences of being a black nurse. For instance, the author highlights a stand-alone comment, “NO AFRICAN AMERICAN PERSONNEL TO CARE FOR THIS PATIENT;”⁴⁶ although overtly insists on having an ideal way to accept the

³⁹ Gayatri Chakravorty Spivak, *In Other Worlds: Essays in Cultural Politics* (London: Routledge, 1988), p. 106.

⁴⁰ Randi Skår, “The Meaning of Autonomy in Nursing Practice,” *Journal of Clinical Nursing*, vol. 19, no. 15-16 (2010), p. 2226.

⁴¹ Shildrick, *Leaky Body and Boundaries*, p. 97.

⁴² Picoult, *Small Great Things*, pp. 42-43.

⁴³ Shildrick, *Leaky Body and Boundaries*, p. 133.

⁴⁴ Shildrick, *Leaky Body and Boundaries*, p. 104.

⁴⁵ Shildrick, *Leaky Body and Boundaries*, p. 124.

⁴⁶ Picoult, *Small Great Things*, p. 51.

liberal humanistic tendencies of the patient-centred healthcare environment, it reflects the visceral legacy of enslavements which in turn a sloppy synonym for the underlying patriarchal privilege. Moreover, Turk (re-)constructs the boundaries of moral rectitude in the ethics and caregiving. The racially toned majuscule typeset also taps into the fundamental idea of Derrida, which focuses on the symbolic language construction and challenges the unmediated access to feminist care and ethics.⁴⁷ According to Shildrick such language is “always already compromised by inherent concerns of phallogocentric discourse.”⁴⁸ British philosopher Christine Battersby prefigures such a chasm of masculine characteristics in the aegis of the late Victorian era. One notable propriety that Battersby emphasised is the underlying specious rectitude, and male superiority cannot be bound to rational behaviour.⁴⁹ Resembling Turk’s nature, Battersby observes this high regard for white male superiority in terms of an atomistic behaviour where “[black] women were named and derogated as fancy and oversensitivity.”⁵⁰

By reiterating the predominant questions of selfhood, ethical and moral responsibility, the author has choreographed the emotional and ethical dilemmas experienced by Ruth within the clinical sphere. She describes the view of struggle and burden when Ruth, whose attempt to save the life of Davis under a perplexed condition, is coerced into the assumed role of perpetual victim. Through Ruth, the author has articulated the distresses of black nurses and thoughtfully elaborates the quoted verbatim, which is a conspicuous subset of medical racism.

Corinne is paged from the nursery, an emergency. “Monitor the baby for me,” [...] I step into the nursery, where Davis is sleeping off the morning trauma. [...] When I look down at the bassinet again, Davis Bauer has stopped breathing. [...] Then my head catches up to my hands: *No African American personnel to care for this patient.* [...] Is stimulating the baby the same as resuscitating him? Is touching the baby technically caring for him? Could I lose my job over this? Does it matter if I’m splitting hairs? Does anything matter if this baby starts breathing again?⁵¹ (emphasis original).

The given testimony of Ruth, with its expositions of ethical quandaries, constellates her unbridled thinking as such is another question of how she is succumbed by her duty, particularly in an unchaperoned eerie physical space of a nursery section without white nurses.

Her quandaries between stimulation and resuscitation explicate the dilemma of being an Afro-American woman. This situation Shildrick argues, is “that the *prima facie* assumption of equality fails to ask ‘equal to what?’”⁵² Despite the Hippocratic tradition of caring for Davis’ ubiquitous well-being, her tedium gives voice to the intimidating status, encumbers her righteousness to monitor him, and breaks her decision-making process. Moreover, Ruth states;

⁴⁷ Shildrick, *Leaky Body and Boundaries*, p. 193.

⁴⁸ Shildrick, *Leaky Body and Boundaries*, p. 194.

⁴⁹ Genevieve Lloyd, “The Man of Reason,” *Women, Knowledge, and Reality: Explorations in Feminist Philosophy*, eds Ann Gary and Marilyn Pearsall (London: Routledge, 1996).

⁵⁰ Genevieve, “The Man of Reason,” p. 98.

⁵¹ Picoult, *Small Great Things*, pp. 71-73.

⁵² Shildrick, *Leaky Body and Boundaries*, p. 193.

But even when I shove aside my doubts and try everything short of medical interaction, he doesn't resume breathing. Normally, I'd grab a pulse ox probe to get a monitor on his oxygenation and heart rate. I'd find an oxygen mask. I'd make calls.

What am I supposed to do?

What am I not supposed to do?

Any moment now, Corinne or Marie might walk into the nursery. They'd see me interfering with this infant, and then what?⁵³ (emphasis original).

At this juncture, Shildrick's concept of bodies and boundaries gains importance to highlight the travail condition of Ruth in her attempts to rescue Davis from an ethical view. It is "[i]n the convention [black] women lack not simply the ability to exercise full moral agency but, it is implied, the very capacity for it."⁵⁴ Her intricacy in the subsequent move to save Davis reiterates the "inescapability of the leaks and flows across all such bodies of knowledge and bodies of matters."⁵⁵ It also valorises the prevailing medical racism, which, in turn, victimises black nurses in healthcare institutions. Together, the article has distinctively examined the semiotic recall of white supremacists and prevailing inequality experienced by black nurses in modern healthcare institutions.

Conclusion

Through Jodi Picoult's medical fiction, the article underscored the unjust treatments experienced by Ruth Jefferson from the arguments of black feministic bioethics. The inadequacy of professional autonomy and the ethical dilemmas experienced by Ruth are analysed in the article to explain how racist assumptions of white patients proselytise black nurses into perpetual victims. It also examined how Turk reinforces dominant pseudo-ideological perceptions against Afro-Americans by drawing the semiotic engagements of cultural memory. Picoult's portrayal of Ruth Jefferson shapes her as a synonymous spokesperson for medical racism. The article also emphasises the racial aggressions of Turk and Brittany through their activism, such as white power, the Aryan League, North American Death Squads (NADS), and the website lonewolf.org. In essence, Picoult's *Small Great Things* (2016) effectively manifested the gravitas of medical racism by entangling the narrative avatars such as Turk, Brittany, and Ruth. In doing so, it ingresses into the inner perspectives of the healthcare institution to interpret the existing image of white supremacy and cultural bigotry encountered by black nurses.

⁵³ Picoult, *Small Great Things*, p. 73.

⁵⁴ Shildrick, *Leaky Body and Boundaries*, p. 99.

⁵⁵ Shildrick, *Leaky Body and Boundaries*, p. 4.