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## Virtue Ethics and Health Care Ethics Part 1: The Good Doctor

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Much of late twentieth-century bioethics discourse has been shaped by Beauchamp and Childress' seminal work, *Principles of Biomedical Ethics.*[1] First published in 1979 and now in its sixth edition, the work proposes four *prima facie* principles for health care ethics: nonmaleficence (doing no harm to the patient); beneficence (acting in ways that advance the patient's wellbeing); respect for patient autonomy (respecting the patient's right to self-determination); and justice (pursuing fairness, particularly in the allocation and rationing of health care resources). These principles were meant to guide ethical decision making in the clinical setting.

As important and influential as Beauchamp and Childress' work has been, it is not the only approach to health care ethics. With an interest in going beyond the current emphasis on ethical dilemmas and problem solving, some philosophers and ethicists have been revisiting virtue ethics which focuses on character as well as actions.[2] Virtue ethics seeks to understand, for instance, what it means to be a good doctor. This paper will explore the contribution that virtue ethics could make to health care ethics and to health care practitioners, particularly physicians.[3]

### WHAT IS VIRTUE ETHICS?

The Latin, *virtus*, means manliness, bravery and also goodness, high character and strength.[4] In Greek, the term is *arete*, meaning "any kind of excellence".[5] James P. Hanigan describes virtue as "a character strength, a settled attitude or disposition of self which inclines the person to act in a certain fashion."[6] James F. Keenan describes the task of virtue "as the acquisition and development of practices that perfect the agent into becoming a moral person while acting morally well. Through these practices or virtues, one's character and one's actions are enhanced."[7] Virtue, then, is about interior and exterior aspects of the agent, about character and action, with each informing the other. Virtue enables one to become a morally good person by acting in a morally good way. For instance, as one practises the virtue of kindness, one becomes kind, meaning that one develops the virtuous attitudes and habits of kindness. Virtues "change us; by them we *become* what we once were not." [8]

The concept of virtue is not limited to Western thought. Confucianism, for instance, urges the cultivation of such virtues as benevolence, gentleness, justice and prudence.[9] The roots of the Western understanding of virtue and virtue ethics are to be found in Aristotle's *Nicomachean Ethics*.[10] Aristotle held that human beings are created for a particular end or *telos* which he identified as ***eudaimoia.*** While it is often translated as "happiness"[11] *eudaimoai* can have the richer meaning of "excellence" or "engagement in the best activity for which humans are suited."[12] The cultivation of virtues involves the cultivation of those habits and dispositions which move humans to realizing the ends for which they are created, that is, for human excellence.
An ethics based on virtues is teleological in that it looks to the ends or goals of human existence and identifies the virtues necessary for human flourishing in light of those ends or goals. One of the tasks of virtue ethics, then, is to reflect on what those ends and goals are by asking such questions as: Why were we

created? What are we called to be as human beings? What does it mean to be a good or excellent person? While much of ethics today is directed to discerning answers to particular dilemmas, this reflection on what it means to be human is an essential component of virtue ethics.

For Aristotle, one of the traits that distinguishes human beings from other creatures is the use of reason and he identified *phronesis*, practical reasoning or wisdom, as the highest virtue.[13] It is *phronesis* that guides the agent in the proper use of virtue. Practical reason or wisdom, remains extremely important in virtue ethics as it "discerns the relevant features of the current situation and combines these features with the end [*telos*] to arrive at the appropriate action …."[14] This goal of leading the agent to proper action means that virtue ethics is a form of applied ethics. It is meant to be a lived ethics, shaping actions—and individuals. In choosing right actions, P. Gardiner notes that: " [the agent] will flourish as she makes virtuous choices and becomes wise, courageous, compassionate and self-controlled. So the virtues benefit the possessor as they become deeply entrenched in a person's character such that she deeply desires to behave well." [15]

In virtue ethics, there is a dynamic relationship between actions and character, and between the individual and community. Aristotle's concept of virtue operated within a social context, with the virtues determined by a socially accepted understanding of the *telos* and the community encouraging the practice of those virtues.[16] Indeed, it was the responsibility of the community—and in its best interests—to ensure that youth were educated in the virtues.[17] This was done through example, with virtuous people becoming models for young people and supporting them in their practice of virtue.

Mentoring remains an essential part of education in virtue, which shapes not only the individual being mentored but the community as well. As Gardiner notes: "Moral agents who develop virtuous characteristics by such habitual practice will find that their nature becomes the embodiment of the values that encourage human flourishing."[18] As individuals grow in virtue, they flourish, and so does their community.

## VIRTUE ETHICS AND HEALTH CARE ETHICS

The practice of virtue is not new to medicine.[19] To be a physician, according to the Hippocratic Oath, is to be a member of an exclusive community where the practice of medicine is passed on only within the confines of that community and where one regards one's mentor as a parent, treating him with the same respect and loyalty owed to a father. The Oath binds physicians to such conduct as leaving surgery to surgeons and not divulging confidential information and promotes such virtues as "modesty, sobriety, patience, promptness, and piety."[20] Implicit in the Oath is the idea that one's character is as important as one's behaviour, as the physician swears, "With purity and holiness I will pass my life and practice my Art."[21] It can be argued that the emphasis on character, the cultivation of virtues, and the social context within which virtue operates remains relevant in health care practice and in the formation of health care practitioners today.

To be a member of the medical profession, for instance, is to be a member of a society with a history, traditions and an understanding of the goals of medicine as well as what it means to be a good doctor.[22] This understanding is embodied in the regulations and professional associations governing the education and practices of its members. [23] It is also operative in the education and training of physicians which depend as much on mentoring as on formal classroom education. [24] Staff physicians model medical practice and what it is to be a doctor to those interns and residents working alongside them. This is consistent with Aristotle's idea that youth learn about virtue by witnessing it and practising it in a supportive community. Furthermore, from their mentors students of medicine learn what is involved in

forming future physicians, a responsibility that they will assume when they are admitted to the profession.

It is important to note that the *telos* of the profession is not static and that, as the ideal of the good doctor evolves, so too do the virtues that are to be cultivated in light of the *telos*. For instance, when medicine was conceived as a paternalistic endeavour, practice was directed to using one's expertise to understand what would be in the patient's best interests and to treat the patient accordingly. In this model, the doctor is viewed as a kindly expert, cultivating the virtues of wisdom and benevolence, among others. As patients assumed more responsibility as decision makers and medicine became more contractual, the doctor became viewed as a partner in the care of the patient and virtues such as truthfulness and transparency became important.[25]

By practising virtue, physicians pursue excellence in their profession and become good doctors. But how can virtue guide doctors in the dilemmas they face in their practice? In other words, what place has virtue ethics in quandary ethics, where the appeal is normally made to moral principles and rules for guidance?

## VIRTUE ETHICS AND QUANDARY ETHICS

The first thing to say is that moral rules or principles and virtues need not be mutually exclusive. Joseph Kotva Jr. notes, for instance, that "a virtue ethic will have rules. It will at least have rules concerning the kind of behavior that excluded one from the pursuit of the common good. Beyond this, it may use rules as educative, either to depict the *telos* or to shape behavior consistent with it."[26]

In other words, rules and principles can assist moral agents in acting in ways that are consistent with the ends they hope to achieve and help develop their character as they act in morally good ways. In this way, principles can be an aid to virtue-based ethics. However, virtue ethics can also add depth to moral principles. As Edmund D. Pellegrino and David C. Thomasma observe: "the virtuous person is not virtuous because she respects the [moral] principle, but because she recognizes the fundamental and universal nature of this principle, sees it not just as a duty in the Kantian sense, but as a part of her character—incised, so to speak, in the etymological sense of the word 'character', into her very person and identity…."[27]

In this sense, virtues can provide the context for moral principles and give them meaning. For instance, the doctor committed to being compassionate and humane will understand the importance of the principle of nonmaleficence (not harming the patient) in light of those virtues. Instead of being an exercise in legalistic thinking, following particular principles becomes a way for the agent to realize his ends through virtuous action.

Of course it is possible to practise nonmaleficence without being virtuous—that is, to treat nonmaleficence as a rule to be followed without having a virtuous disposition, or reflecting on the reasoning behind the principle, or even having any inclination to pursue excellence. However, Beauchamp and Childress argue that those cultivating virtue will be more likely to act in a more dependably right way. As they note: "A morally good person with the right configuration of desire and motives is more likely than others to understand what should be done, more likely to perform attentively the acts required, and even more likely to form and act on moral ideals. A person we trust is one who has an ingrained motivation and desire to perform right actions."[28]

In virtue ethics, making good decisions that lead to right actions is how the physician becomes a good doctor. This is consistent with Aristotle who held that the virtues were eminently practical, shaping individuals and communities in the pursuit of excellence. It is a pursuit that need not lead to moral paralysis, however. As Beauchamp and Childress note: "The Aristotelian model does not expect

perfection, only that persons strive towards perfection…As *our* ideals, they motivate us in a way that basic obligations may not, and they also set out a path that we can climb in stages, with a renewable sense of progress and achievement." [29] ■

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Next:

**Virtue Ethics and Health Care Ethics**

**Part 2:**

**The Catholic Physician and Christian Virtue Ethics**

[1] Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, fifth edition (Oxford: Oxford University Press, 2001).
[2] See, among others: James A. Donahue, "The Use of Virtue and Character in Applied Ethics" *Horizons* 17 (1990), p. 229; Edmund D. Pellegrino and David C. Thomasma, *The Christian Virtues in Medical Practice* (Washington, D.C.: Georgetown University Press, 1996), pp. 14-17; Lynn A. Jansen, "The Virtues in Their Place: Virtue Ethics in Medicine" *Theoretical Medicine* 21 (2000), p. 261, http://journals2.scholarsportal.info.myaccess.library.utoronto.ca/tmp/7538800951371435953.pdf. (accessed December 2010); P. Gardiner, "A virtue approach to moral dilemmas in medicine" *Journal of Medical Ethics* 29 (2003), pp. 297-302; Paul E. Hoyt-O'Connor, "Virtue and the Practice of Medicine" *International Philosophical Quarterly* 44 (2004), http://www.pdcnet.org.myaccess.library.utoronto.ca/collection/show?id=ipq_2004_0044_0001_0079_0094&file_type=pdf&page=1 (accessed December 2010).
[3] While this paper will focus on virtue ethics and health care ethics with particular reference to what virtue ethics might mean for physicians, much of what is discussed here can be applied to health care professionals generally.
[4] Charles T. Lewis, ed., *A Latin Dictionary for Schools* (London: Oxford University Press, 1951), p. 1164.
[5] Stanley Hauerwas, "Virtue and Character" in *Encyclopedia of Bioethics*, revised edition, ed. Warren Thomas Reich (New York: Simon and Schuster MacMillan, 1995), p. 2525.
[6] James P. Hanigan, *As I Have Loved You: The Challenge of Christian Ethics* (New York: Paulist Press, 1986), p. 152.
[7] James F. Keenan, "Proposing Cardinal Virtues" *Theological Studies* 56 (1995), p. 711.
[8] Chris Maunder, "Virtue" in *The Oxford Companion to Christian Thought*, ed. Adrian Hastings, Alistair Mason and Hugh Pyper (Oxford: Oxford University Press, 2000).
[9] David Bohr, *Catholic Moral Tradition*, revised edition, (Huntington: Our Sunday Visitor Publishing Division, 1999), p. 203.
[10] Michael Yeo and Anne Moorhouse, ed., *Concepts and Cases in Nursing Ethics*, second edition (Peterborough: Broadview Press, 2005), p. 46.
[11] See: Karl Feyerabend, ed., *Langenscheidt's Pocket Greek Dictionary*, *Greek-English* (Berlin: Langenscheidt, n.d.), p. 61, where *eudaimoia* is translated as "happiness, prosperity".
[12] Maunder, "Virtue."
[13] Alasdair MacIntyre, "Virtue Ethics" in *Encyclopedia of Ethics*, vol. 2, ed. Lawrence C. Becker (New York: Garland Publishers, Inc., 1992), p. 1277.
[14] Joseph J. Kotva, "An Appeal for a Christian Virtue Ethics" *Thought* 67 (1992), p. 164.
[15] Gardiner, p. 289.
[16] Yeo and Moorhouse, p. 47; MacIntyre, p. 1277; Hauerwas, p. 2527.
[17] Maunder, "Virtue."
[18] Gardiner, p. 301.
[19] Hauerwas, p. 2527.
[20] Beauchamp and Childress, p. 20.
[21] Hippocrates, "The Oath", translated by Francis Adams, http://classics.mit.edu/Hippocrates/hippooath.html (accessed January 2011).
[22] Beauchamp and Childress, p. 30.
[23] The Canadian Medical Association Code of Ethics, for instance, notes that physicians have duties not only to patients, but to the medical profession and to society. See: http://policybase.cma/Policy/PDF/PD04-06.pdf (accessed January 2011).
[24] Hoyt-O'Connor, p. 89.
[25] These two models roughly follow the parental and partnership models of doctor-patient relationships described by James F. Childress and Mark Siegler in their "Metaphors and Models of Doctor-Patient Relationships: Their Implications for Autonomy," *Theoretical Medicine* 5 (1984), pp. 17-30.
[26] Kotva, p. 169.
[27] Pellegrino and Thomasma, p. 22.
[28] Beauchamp and Childress, p. 29.
[29] Ibid., p. 46.