# Virtue Ethics in Medical Profession:

# Remembering the Hippocratic Ethics in the Crisis of COVID-19 Pandemic

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**Abstract**

*Challenges of an ethical nature abound in modern-day medicine. Patients, their families, those who provide medical care, and the institutions where this care is conducted face difficult choices almost as a matter of routine. These ethical and health concerns are more pronounced now in these times of COVID-19 pandemic. In addition to concerns arising in clinical practice, important and controversial ethical concerns also arise in the arena of clinical research and in our educational practices. No domain of modern medicine is untouched. In particular, as the world grapples with the health emergency arising from the Corona Virus pandemic, the problem of conflict of interests has become an issue between governments, health organizations, scientists and researchers. In the midst of this, the Hippocratic Oath remains a guiding code to navigate through the relativizing tendencies of bioethical contentions especially in the struggles to discover a vaccine for COVID-19. Thus, despite its naysayers, the original Hippocratic Oath remains an enduring icon of medical ethics because it eschews the unbound and vague principles of modern bioethics in favor of traditional virtues and transcendent truths.*

**Keywords**: Hippocratic Oath, Virtue Ethics, Medical Ethics, COVID-19, Medicine, Physician, Health Care.

## Introduction

As the world stands still and emergency declared on public health as a result of the COVID-19 pandemic, doctors finishing at US medical schools are seeing their graduation dates moved forward in

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the calendar and are quickly being drafted into the battle against the coronavirus pandemic before the ink on their diplomas is dry. The BBC news Web on April 24, 2020 carried this stunning headline: '*Coronavirus: The junior US doctors rushing to the frontlines.'*[2] The fierce urgency occasioned by the Covid-19 outbreak meant that a traditional graduation ceremony was out of the question like virtually all human activities that have been halted by the pandemic. For instance in faraway University of Massachusetts, Tufts University, Boston University and Harvard University, the medical class of 2020 had their medical degrees conferred and the Hippocratic Oath administered in an online event streamed via Zoom for friends and family to watch. While pledging the words embedded in this sacred vow, junior doctors were completely unaware that the culmination of their medical education and the start of their journey as practicing physicians would be cloaked in the uncertainty of a sweeping global pandemic. This seemingly ancient oath has never seemed so vibrant and alive as it is now, as massive efforts to contain and curtail a virus unfold at an almost incomprehensible rate. As medical professionals, health care givers and first responders battle in the face of the deadly pandemic even at the peril of their own lives to assist those who have contracted the deadly virus, one appreciates the engraved principles from the Hippocratic Oath grounded in Virtue ethics that have influenced the high standards of medical practice and bioethical researches over the centuries.

In this paper, the possibility of a renewed ethics of the role of the physician is explored by appeal to the Hippocratic tradition and virtue ethics. The *Hippocratic Oath*, in its many permutations, offers a unique historical example of a document that marks the boundary-crossing of the physician-in-training into the office of physician, properly speaking. In making the *Oath*, the physician or physician-in-training enters into a new maturity that is bound to a transcendental ideal with zeal for that which is good or virtuous. In other words, the Hippocratic tradition focuses the maker of the *Oath* upon a moral good; both for the physician and also for the patient. The Hippocratic tradition calls physician and patient alike towards a higher, but

[2] https://www.bbc.com/news/world-us-canada-52421190. Accessed on April 29, 2020. 8.51pm.

also more realist sense of virtue – in its ordinary and everyday sense, and the manner in which the good may be perceived even in the messiest of life and death conundrums.[3] In the face of insufficiency of adequate medical facilities to assist infected patients of COVID -19, what do physicians and health care givers do? Should they abandon patients to their helpless fate so as to save themselves from the dreaded risks of being exposed to the deadly virus? This paper contends that a Hippocratic ethics of the physician is a reminder of the ethical possibilities for renewed notion of the virtuous physician who risks all in the face of an infectious disease like COVID-19.

## 1. COVID-19 Pandemic as Global Health Emergency

Corona Virus as a pneumonia of unknown cause was detected in Wuhan, China and first reported to the office of World Health Organization (WHO) in China on 31 December 2019. The outbreak was declared a Public Health Emergency of International Concern on 30 January 2020. On 11 February 2020, WHO announced a name for the new coronavirus disease: COVID-19.[4]

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The World Health Organization notes that the best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. The international precautionary standard insists on curtailing the spread of the viral infection by regular washing

[3] Nigel Zimmermann, The Virtuous Physician? Towards a Renewed Hippocratic Ethics, in Matthew Beard, Sandra Lynch (ed.) 'Conscience, Leadership and the Problem of 'Dirty Hands' *Research in Ethical Issues in Organizations,* Volume 13*;* (Bingley*:* Emerald Group Publishing Limited, 2015) 173 - 182

[4] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen. Accessed May 1, 2020. 12.11am.

of hands or using an alcohol-based rub frequently and not touching the face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes; so it's important that one also practices respiratory etiquette (for example, by coughing into a flexed elbow). However, in epicenters the death rate from COVID-19 pneumonia has been as high as 12%, with most deaths seen in elderly patients with debilitating diseases wherein even the use of life – support measures become futile even if they are available.[5] Hospital-based transmission has occurred, indeed, thousands of healthcare workers have succumbed to the disease during the course of the outbreak Worldwide.[6] At this time, there are no specific vaccines or treatments for COVID-19. Interestingly, there are many ongoing clinical trials evaluating potential treatments.[7]

The Covid-19 pandemic[8] is a global health and societal emergency that has crumbled and grounded all human activities: religious worship, economy, sports, tourism etc. Fascinatingly, doctors and healthcare workers stand together on the frontline making life and death decisions at personal risks. Together they are enduring this centurial challenge reliant upon their medical professionalism. The patient-doctor relationship has always been a privileged one, where patients place their trust in their doctors to act in their best interests. The ancient Oath of Hippocrates bound a physician to act for the benefit of patients

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[5] Yang S, Cao P, Du P, Wu Z, Zhuang Z, Yang L, Yu X, Zhou Q, Feng X, Wang X, Li W, Liu E, Chen J, Chen Y, He D. Early estimation of the case fatality rate of COVID-19 in mainland China: a data-driven analysis. Ann Transl Med. 2020 Feb;8 (4):128. doi: 10.21037/atm.2020.02.66.

[6] https://www.medscape.com/viewarticle/927976. Accessed May 1, 2020, 12.39am.

[7] https://www.who.int/health-topics/coronavirus#tab=tab_1. Accessed May 1, 2020, 12.17am

[8] WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. https://www.who.int/dg/speeches/detail/who-director-general-s-opening-re....Accessed May 1, 12.23am

and do no harm. In modern times, that oath has been redefined as the principles of professionalism, namely: the primacy of patient's welfare; patient's autonomy; social justice, or a set of values, behaviours and relationships that underpin the trust the public has in doctors. Assurance that medical professionals practice these duties underpin their professional codes.[9] In the light of the Hippocratic ethics, doctors and health care givers have a primary responsibility to act in patients' best interests, without influence by personal considerations.

The patient-doctor relationship is considered a partnership, where doctors empower patients to make informed choices about medical care. In law, autonomy is often a right to non-interference, conversely it does not entitle everyone to any requested treatment, regardless of medical advisability or competing claims for scarce resources. That would be incompatible with the ethical principles of non-maleficence (do no harm), justice (distribute scarce resources fairly) and the practical realities of healthcare provision in a pandemic. Physicians are under no obligation to offer treatment considered futile. However, to withhold or withdraw life support from one individual for use in another creates a dichotomy for the doctor as patient's advocate and public servant. In a pandemic some choices must be restricted or even withheld.

Social justice demands that health care givers consider the available resources and the needs of all patients while taking care of an individual patient. In epicenters, the highest death rates have coincided with breakdown of local healthcare systems. Even well-resourced healthcare systems, overwhelmed by demand for life support and ventilators have had insufficient supply for all in need, and the available ones directed to those most likely to survive. These grave decisions should not be taken in isolation but working in partnership and recognizing the uncertainty that exists. In tackling the pandemic there are also grave risks of indirect harm to patients as diagnosis, treatment,

[9] General Medical Council. Good Medical Practice (2013). https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/goo...Accesed May 1, 2020. 12.29am.

procedures and surgeries are delayed. In the aftermath a concerted effort must be made to provide redress for those patients. The principle of Virtue ethics in medical profession requires that in the face of COVID-19 pandemic, medical directors managing doctors and health care workers at the frontline will have to balance personal risks and professional duty. Doctors will endure these changes, with medical professionalism, but reciprocally, employers and professional bodies must ensure staff are supported through the pandemic in respect to resources, well-being, career, indemnity and licensing.

## 2. Virtue Ethics

Virtue ethics has its theoretical roots in ancient Greek and Chinese approaches to the question of how to live well as a human being—that is, how to live a good life. A "good life" in this sense is one that expresses excellence of human character. Virtue is defined by Aristotle as competence in the pursuit of excellence.[10] For Aristotle the virtuous man is principled, and his ultimate *telos* is to become a man of excellence, thereby attaining happiness.[11] Happiness resides in full human flourishing. It is the chief good for man, and can be secured in whatever life is most satisfying.[12] Man's virtue is linked with action. Virtue is acquired by doing virtuous acts; and enhanced by repetition of virtuous acts. This activity results in a virtuous disposition, a habit.[13] Virtue and the virtuous person—that is, the person practiced and adept at finding moral goodness in real situations—are an intrinsic part of moral behavior.

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[10] Aristotle, *The Nicomachean Ethics*, trans. W.D. Ross (Oxford: Oxford University Press, 1954), xxvi, referring to bk. 2, chs. 5 and 6.

[11] Louis P. Pojman, *Ethical Theory* (Belmont, CA: Wadsworth Publishing Co., 2007), 375–399, referring to bk. 1, ch. 9 of Aristotle's *Nicomachean Ethics*.

[12] Aristotle, *The Nicomachean Ethics*, xxvii, referring to bk. 1, chs. 7–8.

[13] Aristotle, *The Nicomachean Ethics*, trans. W.D. Ross (Oxford: Oxford University Press, 1954) bk. 1 ch. 8, and bk. 2, chs. 1–3.

In both ancient and modern forms of virtue ethics, character traits—or virtues and vices— are the units of moral analysis and the specific forms of human excellence. If we want to know whether a given response to a dangerous situation is morally good or bad, we should ask whether it is courageous (or expressive of other relevant virtues) or rash or overly fearful (or expressive of other relevant vices).[14] When we answer that question, we are, at the same time, answering whether the response is an excellent human response and, as a sort of yardstick, we may look to a comparison with ideal examples by asking, "What would virtuous person X do?"

Virtues (and vices, for their part) are familiar traits of character such as kindness, compassion, truthfulness and loyalty to promises on the side of virtue and, on the side of vice, meanness, cruelty, dishonesty and infidelity. These traits are specific forms of excellence (or, in the case of vice, excesses or deficiencies) relative to common human needs and problems such as how to share resources, maintain interpersonal commitments and so on. As traits of character, virtues are neither one-time only actions nor merely intellectual conclusions. Instead, they are dispositions regarding actions, perceptions and emotions of the right sort, toward the right subjects, for the right end, at the right times and in the right way.[15]

### 3. Virtue Ethics and Medicine

An affinity between medicine and virtue ethics can be traced to ancient Greek philosophers: Plato, praised Hippocrates' method for understanding the body as a model for efforts to understand the soul[16] and Aristotle, compared the goal of medicine as health with the goal of virtue as human happiness or flourishing. Aristotle criticized the idea that the physician's aim was health as an abstract idea, but rather emphasized that the goal was *human* health, and

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[14] Rebecca L. Walker*, Medical Ethics,* in *Lahey Clinic Journal of Medical Ethics* vol. 17, Issue 3, (Dartmount: England, 2010), 6.

[15] Aristotle, *Nicomachean Ethics.* Irwin T, trans(Indianapolis: Hackett Publishing; 1985), art 110 6b 20.

[16] Plato, *Phaedrus* In: *Plato: The Collected Dialogues*. Hamilton E, Cairns H, eds. Princeton, NJ: Princeton University Press 1989; 475–525.

more specifically the health of the physician's individual patients.[17] This emphasis on the health and care of individual patients track important aspects of the affinity between virtue ethics and medicine, specifically the focus on context-based evaluation of decisions and the importance of appropriate practice and mentorship. In virtue ethics, the organizing moral virtue is practical wisdom, which is very different from a deductive exercise in applying particular principles or rules of action to a given context. This entails recognizing moral salience and appropriate responsiveness.

As Kathryn Montgomery writes, "Medicine's success relies on the physicians' capacity for clinical judgment. It is neither a science nor a technical skill (although it puts both to use) but the ability to work out how general rules, scientific principles, and clinical guidelines— apply to one particular patient. This is to use Aristotle's word— *phronesis*, or practical reasoning."[18] Building the capacity for practical wisdom in both clinical and moral judgment requires appropriate education and habituation. Thus, under favorable circumstances, training in medicine through mentor-student relationships and the inculcation of good habits of clinical practice has the potential to instill practical wisdom in both professional, clinical and moral judgment.

The critical question here is: *How can virtue ethics help decide difficult cases?* Virtue ethics has recently received renewed interest within medical ethics in part because of perceived limitations of both consequence-based and duty-based moral theories.[19] Tom Tomlinson, for example, criticizes the idea that physicians have a "duty" to treat patients with deadly infectious diseases where there is substantial risk involved for the physician and his or her family.[20]

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[17] Aristotle, *supra*, art 109 7a 10.

[18] Montgomery K. *How Doctors Think: Clinical Judgment and the Practice of Medicine* (New York: Oxford University Press; 2006): 5.

[19] Larkin GL, Iserson K, Kasutto Z, et al. Virtue in Emergency Medicine. *Acad Emerg Med* 2009; 16(1): 51–55; Bryan CS, Call TJ, Elliot KC. The ethics of infection control: Philosophical frameworks. *Infect Control Hosp Epidemiol* 2007; 28(9): 1077–84.

[20] Tomlinson T. Caring for Risky Patients: Duty or Virtue? *J Med Ethics* 2008; 34: 458–62.

Rather, he thinks that if we view treating in these circumstances as virtuous we will better understand the proper nature of the moral requirement (as an ideal of the virtuous person rather than a duty for all) as well as allowing us to admire, aspire to and positively reinforce this kind of behavior.

However, virtue ethics has also frequently been criticized for a lack of action-guidance in resolving concrete moral problems.[21] This critique has to do with two of the core features of virtue ethics: the appeal to the virtuous agent in determinations of right action and the dependence of the virtues on appropriate responsiveness to specific moral contexts. Unlike a view of morality that relies on conformity of our actions to antecedently specified principles or rules of right action (such as following the Decalogue), the determination of which actions, perceptions and emotions are of the right sort, toward the right subjects, for the right end, at the right times and in the right way is not readily specifiable outside particular context. Further, the appeal to what the virtuous agent would do in the circumstances may seem unhelpful without a specification of actual particular persons on whose available judgment we may rely. Yet this perceived limitation of virtue ethics can perhaps be ameliorated by three considerations.

First, it is unclear whether other moral theories actually do better in helping to resolve difficult moral cases. After all, we must ask not only what a particular moral theory would actually recommend in the case at hand, but also which moral theory is the right one to appeal to. Both questions are so fraught with difficulties that many contemporary moral philosophers have abandoned the idea that medical ethics could be a matter of simply "applying" normative moral theories to particular cases.[22] Second, we might consider

[21] Louden L. On some vices of virtue ethics. In: Crisp R, Slote M, eds. *Virtue Ethics*. Oxford: Oxford University Press; 1997, 201; Childress JF. Methods in bioethics. In: SteinbeckB, ed. *The Oxford Handbook of Bioethics* (New York: Oxford University Press, 2007); 15–45, at 35–8.

[22] Rachels J. Ethical Theory and Bioethics. In: Kuhse H, Singer P, eds. *A Companion to Bioethics*, 2nd ed. (Oxford: Blackwell Publishing; 2009), 100;

what kind of guidance we *should* want from a moral theory. While some might find appealing the idea that moral theory gives us something like decision procedure for resolving difficult cases, good moral character is not something we should expect to be coextensive with the technical ability to apply a moral decision procedure to particular case. Further, if we rely on moral theories to "tell us what to do", we may in fact undermine the development of a robust sense of individual moral agency and responsibility. Finally, and most important, is a consideration of what a virtue ethical perspective can do to help resolve difficult moral cases. Virtue ethical views offer (at least) three resources and reminders to help frame and approach difficult moral cases[23]:

(1) Among moral philosophers there are accounts of specific virtues relevant to different types of circumstances. In his account of the virtues particularly relevant to medicine, Pellegrino focuses on the virtues of fidelity to trust and promise, benevolence, effacement of self-interest, compassion and caring, intellectual honesty, justice and prudence (practical wisdom).[24] Other "virtues" mentioned in recent literature as important to medicine include: responsibility, humility, courage, temperance, unconditional positive regard, charity, vigilance, agility, faith, hope, love, respect for patients, integrity, self-sacrifice, competence and altruism. Such accounts can remind us, for example, that honesty in medicine is not simply "truth-telling" but is about how to relay news, such as that of a dire prognosis, in a manner that is both straightforward and compassionate. They can further remind us that moral honesty and intellectual honesty, such as the willingness to recognize and confront uncomfortable truths (including the "inexact" nature of medical science and gaps in one's own knowledge), are two sides of a coin, each required for the full virtue of honesty.

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Hursthouse R. *On Virtue Ethics* (Oxford: Oxford University Press, 1999), 275.

[23] Rebecca L. Walker, *Medical Ethics,* 6.

[24] Pellegrino ED. Toward a virtue-based normative ethics for the health professions. *Kennedy Inst Ethics J* 1995; 5(3): 253–77.

(2) A reminder of the importance of addressing not simply what is best to do in a particular context but also how we should perceive that context and what emotions are appropriate to the circumstance. Hence we are reminded that appropriately feeling empathy for a suffering patient and recognizing that the patient is suffering are both integral parts of the virtue of compassion.

(3) Appeal to the wisdom of those whom we recognize as exhibiting the virtues. In some cases that may be direct appeal by either practicing alongside and learning from these individuals or asking for advice in difficult circumstances.

## 4. Hippocratic Ethics at a crossroads: Battle between Ethics and Medicine; Philosophical Grounding

### I. The Hippocratic Era/Tradition

The Hippocratic Tradition was grounded in Aristotelian realist philosophy. The human person sensed objects and derived knowledge of external reality. The human mind with its intellect and will appreciated the characteristic truth and goodness in beings outside of itself. Ethics arose when it became apparent that some human acts were concordant with what it was to be human and some acts were not. It was obvious that life was good and to destroy it was evil. For humans the innate desire to conform to the natural law, or law of nature, was normative and to frustrate that inclination was unethical.[25] Inherent in the Hippocratic Oath was the development of virtue in the physician. Beneficence, non-malfeasance, and confidentiality are virtues that perfect a physician in the art and practice of medicine

A *fortiori*, the medical tradition of the Western world is traced to the ancient Greeks and the School of Hippocrates. The ancient Greek physician was both healer and executioner. Euthanasia was an accepted practice. One physician would heal, another would provide the poison draft to kill the patient. The Hippocratic School,

[25] Guinan, Patrick D, "Has Medicine Lost the Ethics Battle?" *The Linacre Quarterly*: Vol. 65: No. 2, 1998, Article 4. Available at: http://epublications.marquette.edu/lnq/vol65/iss2/4

a small group of Greek physicians almost five hundred years before Christ, initiated a change in this practice.[26] The Hippocratic Oath established a set of moral principles that were to guide the practice of medicine. The original oath began with a covenant to the gods, followed by duties and obligations to teacher and to patients, and ended with a promise not to break the oath, under punishment of dishonor. The practice of medicine was declared a moral activity, the transcendence of the profession acknowledged. The physician declared a covenant with his patient to do good and not to do harm and to always act in a just way towards others. In time, the notion of the physician healer became the norm. The Hippocratic principles were embraced by the Judeo-Christian tradition. By the early Middle Ages, the Islamic tradition had also accepted the Hippocratic principles of moral medical practice.[27] The Hippocratic principles guided medical ethics through the Middle Ages up to present times. The Hippocratic Oath presents the model code for professional ethics. The Hippocratic tradition of the art of medicine refers not just to diagnosis and treatment modalities, but to the moral dimension of life and death decisions affecting the patient.[28] Thus the purpose of medicine for the Greeks was to restore human wholeness, whether physical or mental, to individuals who were diseased. To destroy or damage life and health was therefore obviously unethical. That is why the Hippocratic Oath prohibited abortion, because it was the destruction of life. The Greek tradition was continued and perfected by St. Thomas (1224-1274) in his further development of "virtue ethics."[29]

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[26] Vivian Nutton, "The Rise of Medicine," in *The Cambridge Illustrated History of Medicine*, ed. Roy Porter (Cambridge, UK: Cambridge University Press, 1996), 55, 58.

[27] Nigel M. de S. Cameron, *The New Medicine* (Chicago, IL: Bioethics Press, 2001), 23–44.

[28] Guinan, Patrick D, "Has Medicine Lost the Ethics Battle?,

[29] Virtue ethics is about the formation of character during the course of a moral upbringing such that a good person "instinctively" chooses the good and avoids evil, and therefore has the habit of will that enables one to conform to moral laws. Thus, morality is a practical art of living in conformity with the moral good, and is parallel to medicine as a practical

The doctor-patient relationship was initially defined during the Hippocratic period. While the physician was in a position of knowledge and skill relative to the sick patient, who was dependent upon the ministrations of his physician, the Hippocratic covenant governed that relationship. It was characterized by beneficence and the operative rule was *"primum non nocere"* (first, do no harm). The physician was to be governed by laws of nature and the virtues that he was heir to. The Hippocratic Oath served physicians well for two millennia. While modern scientific knowledge was lacking, there was a doctor-patient relationship that provided both psychological and physical resources to cope with illness for 2,000 years.

### II. Deontological Era

With the Enlightenment came Descartes' (1596-1650) idealism and a divorce of the human mind from nature. That shift from a realist world view to the idealist one that characterizes modern thought has had profound ethical implications. Nominalism, developed by William of Ockham (1300-1349) laid the ground work for Descartes' idealism. But it also contributed to the rise of modern science because of its emphasis on quantification and measurement. The depreciation of objective causality, which had been the basis of Aristotelian science, allowed Bacon and Newton to develop modern science which emphasizes observation and statistical relationships. Modern science has also given us remarkable technological innovations such as anesthesia and antibiotics which profoundly changed, in the mid-1800s, what had been essentially Greek personal medicine, into the high-tech medical science we have now. The idealist divorce of the mind from reality had an ethical impact by diminishing the importance of virtue. Kant (1724-1804), in his *Critique of Practical Reason* postulated a categorical imperative that obligated a person to perform his duty. Physicians therefore had a duty, for instance, not to participate in euthanasia. Duty ethics eroded the Hippocratic virtue ethics. The doctor-patient relationship also was influenced by the *zeitgeist* of the Enlightenment. The separation of the mind from matter and nature led to the isolation of

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art that is learned in the doing of that which serves health as the physical good.

the individual person and the development of the "autonomous self". This was to find fuller expression two centuries later.[30]

### III. Utilitarianism Era

Positivism is the philosophy that grew out of empiricism which emphasized experience over ideas. The positivists relied on observable facts to provide their ethics. Bentham (1748-1832) and Mill (1806-1873) developed the English version of positivism which was labeled utilitarianism. What is useful is good. Their observation of human behavior led to the principle of utility: the ultimate aim of human action is pleasure. This concept was carried forward by the pragmatists, especially Dewey (1859-1952) in the United States. The pragmatists helped to develop value theory. Values are what are desirable. Unfortunately, when ethical principles are based on the pleasurable or desirable they become relative. Human nature, based on natural law, is subverted. Utilitarianism is seen on medical ethics in two areas. **Situationalism** was developed by Joseph Fletcher, one of the pioneers of bioethics. For Fletcher, the rule of "love" is paramount and can be employed to justify abortion. **Consequentialism** is a form of utilitarianism and has perhaps been the prominent ethical system in the United States where the greatest good for the greatest number has been a political as well as an ethical 'shibboleth'. The doctor-patient relationship began feeling the stress that was occurring in moral philosophy. Those questioning the worth of abstract virtues called into question the concept of beneficence. With slipping moral anchors the doctor relied on technology. Once again the Hippocratic tradition was eroded.

### IV. Era of Ethical Autonomy

Following World War II there has been a breakdown of the broad assumptions which led to the Enlightenment. The inevitable empiricism and skepticism led to post-modernism and the deconstruction of Derrida and Foucault. Science and technology are no longer worshipped. Social cohesiveness has eroded and society, which has reduced the individual to an automaton, does not, at least in the West, have a unifying principle. The present generation is experiencing ethical autonomy, or more properly, an ethical vacuum. This began in the 1960s in the United States which, as the

[30] Guinan, Patrick D, "Has Medicine Lost the Ethics Battle"?

ideological leader of the world, has been the focus of moral change. The cause is partly the disillusionment with modernism that resulted from the horrors of two World Wars. The material prosperity following the World War II did not lead to a moral renewal but rather to the opposite. The reaction to the Vietnam war was a symptom. The most egregious result has been the sexual revolution fed by contraception and, of necessity, abortion. The "autonomous self', or the individual free of any restraints, reigns. In the process the relationship between the physician and the patient has continued to undergo profound changes. Not only has utility superseded beneficence, but now material and economic factors intervene. Third party payers are making clinical decisions that were previously made by the doctor and the patient. Medicine has been caught between the ethical autonomy of the patient and the bureaucracy of the state.

## 5. Hermeneutical Delineations of Virtue ethics in the Hippocratic Oath

The Hippocratic Oath retains its significance precisely because it eschews unbounded and nebulous principles like autonomy and distributive justice the most beloved precepts of contemporary bioethics in favor of overtly virtuous deeds. For all of its eccentric features, the classic Hippocratic Oath is a virtuous covenant between physician and patient, **virtue** and **covenant** being two elements that are often missing from today's medical-ethics deliberations. Philip Hawley notes that each of the four cardinal virtues first described in Plato's *Republic* and later embraced by Catholic thinkers such as Augustine and Aquinas take an explicit form in the original oath[31]:

**Prudence**: *I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.*

**Temperance**: *I will* reject *all mischief and in particular sexual relations with both female and male persons.*

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[31] Philip Hawley, JR. *The Hippocratic Oath: Quaint Relic or Solemn Vow***?,** 2016 IN https://www.thepublicdiscourse.com/2016/03/16447/. Accessed May 2, 2020, 3.38pm

**Fortitude**: *In purity and holiness I will guard my life and my art.*

**Justice**: *I will come for the benefit of the sick … be they free or slaves.*

The Hippocratic tradition presents a transcendent covenant. During a period of Greek history when many physicians were equal parts sorcerer and healer and patients deemed to have deficient character were sometimes given poison rather than a cure these ideas were revolutionary. That the oath's covenants extended to slaves was profoundly significant because it set forth a belief in the inherent dignity of all persons a dignity that supersedes man-made laws and customs such as those in ancient Greece, where slavery was not only legal but also considered a "natural" practice. Knowingly or not, Hippocrates stepped onto a transcendent moral path that leads to the Judeo-Christian doctrine of radical human equality.

Manifestly evident in his oath are human rights that flow from a higher source than legislative and judicial bodies. During a period of Greek history when abortion and infanticide were legal, and suicide tolerated, Hippocrates infused this document with an unwavering sanctity-of-life ethic that includes explicit prohibitions of abortion (*I will not give a woman an abortive remedy*) and suicide (*I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect*). The life-affirming elements of his "medical law" conspicuously foreshadow the natural-law doctrine Thomas Aquinas set forth more than a millennium and a half later.[32]

## 6. Hippocratic ethics and crises of Contemporary Medical Practice

In Hippocratic tradition, virtuous acts follow from virtuous character. First and foremost, physicians must be good persons. All of the oath's precepts share a common theme: preferring others' interests to your own. These are lessons learned at a parent's knee, not an anatomy table, and each gives rise to specific duties that

[32] Philip Hawley, JR. *The Hippocratic Oath: Quaint Relic or Solemn Vow***?,** 2016.

constrain the scope of our personal freedoms. The ancient master reaches across two and a half millennia to remind us that virtue and natural law not scientific prowess should set the boundaries of our choices. If that were not distasteful enough to modern minds, Hippocrates further insists that professionals *profess* their commitment to these beliefs.

A valid criticism of the classic oath which is its pledge to nonexistent gods is often ignored by Hippocratic skeptics, perhaps because it forces upon them the uncomfortable choice of proclaiming the one true God or disclaiming religious faith altogether. Equally unsettling to secular minds may be the oath's authoritative form, in which absolute rights and wrongs trump autonomy and free will. It contains an overarching sense of accountability a bitter pill in our post-modern world and foretells infamy for those who violate its precepts.

Those who dismiss the original oath as a quaint relic miss the point but then, many are probably trying to miss the point. Virtue and accountability are unpopular concepts to those comfortably ensconced in relativism. Ironically, many who attempt to discredit this oath do so for the very reason that they understand its moral authority. They recognize something in the Hippocratic tradition that must be defeated if we are to impose our will on nature and freely pursue our unfettered preferences.

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In contrast to Hippocrates, today's secular bioethicists rarely concern themselves with what sort of person the physician ought to be, and instead focus on what the physician ought to do as though the latter does not depend on the former. Many believe we can think our way to virtuous outcomes, when the entirety of human history and in particular, the most recent century tells us otherwise. Of course, good character and sound moral principles are both necessary for goodness to prevail, but Hippocrates understood that virtuous character must come first.

Sadly, virtually every theistic reference and life-affirming precept has been stripped from present-day versions of the oath. Today, the oath heard at most medical school graduations comprises little more than cheerful and vague sentiments about respecting patients and

doing good. What you will not hear is anything about protecting suicide-minded patients from self-destruction, defending the unborn, maintaining chaste relationships with patients, or guarding the elderly from euthanasia. Also missing from most modern revisions is any substantive mention of accountability. Rather than vowing to God or Allah or the Creator, physicians nowadays "vow" to some variant of "all that I hold dear," which could reasonably be money or peanut brittle.

Contemporary adaptations of the oath are no more than a ghostly apparition of the original, but the tattered remnants of Hippocrates' oath stubbornly endure. Why do we still call it the *Hippocratic* oath? Why the pretense? I suspect that many who disparage the classic oath are nonetheless drawn to the beauty of its virtues and, despite their condescension, want the halo of its steadfast covenant without the unforgiving moral boundaries.[33]

## 7. The Return of Virtue[34] among Medical Professionals

The ends of medicine are the ends of the doctor-patient encounter: health, cure, and care. Three things about medicine as a human activity make it a moral enterprise: 1) the nature of illness; 2) the act of profession, that is, the nonproprietary nature of medical knowledge; and 3) the act of healing in the context of a professional oath. Such is Edmund Pellegrino's theory of medicine.[35] The immediate *telos* of the physician-patient encounter is helping and healing through the science and art of medicine.[36]

Virtues are necessary ingredients of the medical encounter. Professional virtue is that disposition or trait of character that enables the individual to reach the goal of a specific (professional)

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[33] Philip Hawley, JR. *The Hippocratic Oath: Quaint Relic or Solemn Vow***?**, 2016

[34] Felipe E. Vizcarrondo, *The Return of Virtue to Ethical Medical Decision Making* Felipe Vizcarrondo *in* The Linacre Quarterly, 2012, 79:1, 73-80.

[35] Edmund D. Pellegrino, *The Philosophy of Medicine Reborn*, eds. H.T. Engelhardt and F. Jotterand (Notre Dame: University of Notre Dame Press, 2008), 269.

[36] Pellegrino, *The Philosophy of Medicine Reborn*, 270.

activity. For every profession there is a specific activity; for medicine the activity is healing.[37] According to James Drane, "Medical ethics must be firmly rooted in what is peculiar and characteristic of the work of medicine."[38] The virtues inherent to medical practice enable the physician to develop the habits that will lead him to choose the moral action. The virtues inherent to medical practice are: trust, benevolence, effacement of self-interest, compassion and caring, intellectual honesty, justice, and prudence or practical wisdom.[39]

Virtues are derived from principles, e.g., the virtue of benevolence is derived from the principle of being beneficent. Virtue and duty are both motivation for action. But virtue is more than merely a stimulus for the action. Virtue is an integral part of the character of the moral agent and is required for the right action to occur, e.g., one must be cultivated in the virtue of self-respect in order to act according to the principle of respect for self-determination.[40] On the other hand, duty is imposed from without.

Good character alone does not ensure that the right decision is made. Virtues must be linked to the obligations the physician owes his patient. The principles of beneficence, non-maleficence, autonomy, and justice represent obligations the physician has towards his patient; these serve to guide the act that results in the good outcome. The underlying ethical principle is beneficence, the duty of assisting others in need and avoiding harm. This principle is expressed by the Hippocratic maxim: *Be of benefit and do no harm*. The physician must act in the patient's best interest; any intentional harmful act is maleficent. An action that violates the patient's autonomy may be a maleficent act, since it may undermine the patient's humanity and disrespect the patient's capacity for

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[37] Pellegrino, *The Philosophy of Medicine Reborn*, 270–271.

[38] James F. Drane, *Becoming a Good Doctor: The Place of Virtue and Character in Medical Ethics*, 2nd ed. (Lanham, MD: Rowman and Littlefield Publishers, Inc., 1995), 165.

[39] Pellegrino, *The Philosophy of Medicine Reborn*, 271–273.

[40] Pojman, *Ethical Theory*, 414–415.

reason and self-determination.[41] Justice requires the physician to give the patient what is owed to him.[42] The doctor-patient relationship is grounded on these obligations and depends upon the virtues inherent to medical practice. Virtue ethics must be integrated into the internal morality of the health professions.[43]

The virtue and character of man rest on his moral human nature. Moral law provides an objective standard for right and wrong. The virtuous physician follows a moral standard, a maxim that animates the human being to pursue the good and reject evil. It is reasonable for man to cultivate the virtues and develop them into habits which guide his individual conduct toward the good. The virtues inherent to the practice of medicine add another dimension to the decision making and enable the physician to heal with excellence.

In sum, the ethics of medicine is the compendium of virtues, principles, and obligations needed to achieve the ends of the profession. The internal morality of the doctor-patient encounter faithful to the ends of medicine will enable the physician to make the right choice, with the good intention, and result in the act that produces the best consequence for the patient. The physician and the patient come together in an act of trust and caring; the covenantal relationship of trust between physician and patient is preserved. The virtuous physician will care for the health of his patient with practical wisdom, integrity, compassion, and self-effacement, placing the patient's interests above his own.

The restoration of the virtuous character of the physician who fulfills his obligations to his patient could herald the beginning of the healing process of the impaired relationship of the patient and the medical professional. As the moral commitment inherent to the doctor-patient encounter is restored, the patient will recognize the physician as his advocate, and trust will be regained. The virtuous physician fulfills his healing mission with excellence; he will attain

[41] Felipe E. Vizcarrondo, *The Return of Virtue to Ethical Medical Decision Making*, 79:1

[42] Pellegrino and Thomasma, *The Virtues in Medical Practice*, 192–194.

[43] Pellegrino, *The Philosophy of Medicine Reborn*, 277.

his maximal potential. The medical community and society will benefit from the recovered doctor-patient relationship.[44]

## Conclusion

Virtue ethics places moral worth on the rightness of an action driven by duties and obligations and the goodness of the person who selects such obligations and rules[45] Modern day philosophers have reestablished virtue ethics as a credible ethical theory. Alasdair Macintyre, with his book *After Virtue*, is probably largely responsible for restoring virtue ethics to its rightful place. He proposes a system based on virtue developed and enhanced through practices that are then converted into traditions of society. Practices require virtue, and practice will make one better at the virtue which will ultimately develop into a habit. This is what is normative, the virtuous habit that is developed will guide one's action.[46] The virtues of the person are a reflection of the community; the virtues inherent to the practice of medicine are a reflection of the medical community. The virtuous person follows a moral standard, a maxim that animates the human being to pursue the good and reject evil. The virtuous physician must be guided by the obligation he has towards his patient: the obligation to work for a good outcome in the doctor-patient encounter to be of benefit to the patient and not to harm him.

The Hippocratic Oath as an embodiment of Virtue ethics urges the physician to become a thoroughly integrated person, whose inner life is the same as his outward performance, who will keep himself pure in thought and action; an oath made in the presence of the gods acknowledging the transcendence of the medical profession.[47]

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[44] Felipe E. Vizcarrondo, *The Return of Virtue to Ethical Medical Decision Making*, 79:1

[45] Pojman, *Ethical Theory*, 375–399.

[46] Alasdair MacIntyre, *After Virtue* (Notre Dame, IN: University of Notre Dame Press, 2003), 181–203.

[47] Mary B. Adam, "Physician Unions: Guardians of the Covenant or Keepers of the Contract," in *The Changing Face of Health Care*, eds. John F. Kilner, Robert D. Orr, Judith A. Shelly (Grand Rapids, MI: Eerdmans Publishing Co., 1998), 245–251.