

PROFESSION OF MEDICINE & MEDICAL PATERNALISM

Ethics: Bioethics (Fall 2014)
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Edmund Pellegrino

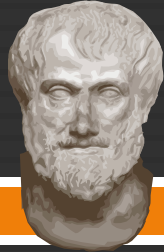
Profession of Medicine

- Act of *professing* -- “promise, commitment and dedication to an ideal” (379)
 - Hippocratic Oath: entering moral community, what distinguishes doctors from technicians
 - Everyday acceptance of pt care – implicit or explicit promise, asking for trust
- Separate from *professionalism* – self-protective, union-like, business-minded

What It Means to Be a Medical Professional

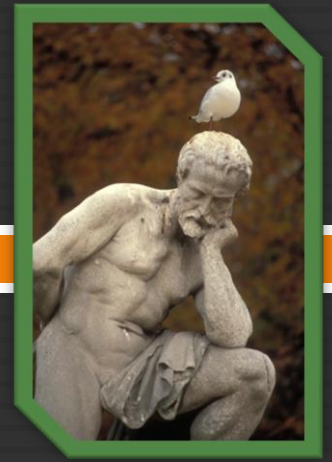
- Ends of medicine: provide competent help for the patient's best interests
 - ▣ “curing when possible, caring always, relieving suffering, and cultivating health” (381)
- Moral virtues are *intrinsic to* medicine because they are necessary to achieve the ends of medicine.
 - ▣ Fidelity to trust, benevolence, intellectual honesty, courage, compassion, truthfulness ...
 - ▣ Practical wisdom (*phronesis*) critical

Aristotle on Moral Virtue



- ***Virtue***: “a state of character concerned with choice, lying in a mean, i.e. the mean relative to us, this being determined by reason, and by that reason by which the man of **practical wisdom** would determine it” (*NE* 1107a1-5)
 - “to feel [passions] at the right times, with reference to the right objects, towards the right people, with the right motive, and in the right way” (*NE* 1106b20)
- **Focus on character**
 - Forming the right habits (*ethos*) for the right reasons
 - Examine *particulars* of a specific case (avoid giving generalized prescriptions)

Aristotle on Hitting the Mean



- How do we achieve virtue?
 - Moral perception: identify and understand morally salient features of situation; know own failings, inclinations, biases
 - Imagination: can envision self in various moral scenarios and dilemmas
 - Reasoning: contemplation, rationality
 - Feeling: have proper emotions; feel proper pleasure and pain towards good/evil

Discussion

- Do you agree with Pellegrino that there is an *internal morality* to medicine?
 - ▣ Or is medicine a technical science and art upon which we thrust moral norms?
- What are the limits of a virtue ethics approach to the profession of medicine?
- How might Pellegrino assess the actions of healthcare workers who decided not to stay and treat during the SARS epidemic?

Terrence Ackerman

Paternalism

□ **X acts paternalistically towards Y by doing/omitting Z when**

■ Doing/omitting Z interferes with the autonomy of Y

■ X does so without the consent of Y
■ (Non-voluntary or involuntary interference)

■ X does so because Z promotes the interests, values, or good of Y

• **All must be met**

• **Capacities and/or opportunities for autonomy may be undermined**

Case for Paternalism



- Some paternalism is necessary for *role differentiation*
 - Professional obligations to prolong life and to improve quality of life
 - Medical personnel are more knowledgeable and less pressured/coerced
 - Otherwise: “The doctor need be only an honest and good technician” (Ackerman 73)

- Example: disclosure of terminal illness
 - Can cause psychological distress and hasten death
→ So contrary to role as professional to disclose (?)

Case against Paternalism



- Health, prolonged life, and avoidance of psychological distress are not always the patient's priorities
- Making your own voluntary and free choice can be more highly valued
- Clear, open communication and inquiry with the patient (and loved ones if desired) can mitigate and lessen the potential for harms
 - Requires professional expertise and skill to *return control to the patient* in face of illness and disability

Returning Control

- Restore previous health and functioning (when possible)
- Discourse should reflect psychological condition of patient.
- Help build support network
- → paternalistic interference (returning control) necessary to respect autonomy (positive obligation)
 - beyond noninterference (negative obligation)

Entailed Rights



- Right to truthful and open communication about condition
- Right to informed consent
- Right to accept or refuse treatment
- Rights to privacy and confidentiality

Discussion

- Ackerman mentions that there can be physical, cognitive, psychological, and social constraints on someone's autonomy when he/she is ill or in pain.
 - ▣ Do these constraints justify a “default” of medical paternalism?
- What are the moral costs that can result from a paternalistic physician-patient relationship?

Additional Sources

- American Medical Association. “AMA’s Code of Medical Ethics.” Web. <<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page?>>

Questions? Comments?