Żołnierz Joanna, Dobrowolska Beata, Sak Jarosław. The virtue of compassion in medical professions. Journal of Education, Health and Sport. 2018;8(9):933-942 eISNN 2391-8306. DOI http://dx.doi.org/10.5281/zenodo.1419509
http://ojs.ukw.edu.pl/index.php/johs/article/view/5975

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part b item 1223 (26/01/2017).
1223 Journal of Education, Health and Sport eissn 2391-8306 7

Received: 02.08.2018. Revised: 18.08.2018. Accepted: 15.09.2018.

The virtue of compassion in medical professions

Joanna Żołnierz[1], Beata Dobrowolska[2], Jarosław Sak[1]

[1]Department of Human Ethics and Philosophy, Medical University of Lublin, Lublin, Poland, zolnierz.joanna@gmail.com

[2]Department of Nursing Development, Medical University of Lublin, Poland

Abstract

Introduction: The ethics of treatment virtues is currently one of the major ethical trends that enjoys great interest, especially among representatives of medical professions. Medical education is mainly based on character training i.e. preparing students for fulfilling determined roles and attitudes. It is based to exemplarism, mentoring and underlines the importance of master– student relations. A characteristic feature of these types of professions is the fidelity to ethos and moral values cultivated for hundreds of years.

Objective: The aim of this article is to present the role of compassion virtue in the work of medical professionals and to provide examples of applying knowledge from this field to clinical and educational practice.

Conclusions: The theory of virtues applied to the field of medical ethics allowing for the creation of a catalogue of moral dispositions necessary for adequate fulfilment of professional duties by health care providers. One of the most favoured virtues is that of compassion. This moral disposition is considered, by some theoreticians of the medical and nursing principles, a key and fundamental attribute of a good doctor and nurse. The virtue of compassion due to its

typical components i.e. the moral and intellectual dimension, ensures the realization of the goal of medical profession, as well as expectations and needs of a specific patient, undergoing the treatment process. The fully developed virtue of compassion helps to maintain the balance between overprotection and excessive identification with the patient's fate and lack of empathy and formalism. That way the virtue of compassion allows for pursuing medical goals by fulfilling all standards and guidelines in a caring and empathetic way.

Key words: Medicine/standards; Virtues; Moral Obligations; Ethical Theory

Introduction

Compassion is sometimes called the heart of charity as it is difficult to imagine somebody who brings help and at the same time is deprived of readiness of compassionate care. This type of attitude is especially expected from medical professionals. It was the Merciful Samaritan who, not only with due prudence and consideration took care of the suffering, but moved by the suffering, became the prototype of a health care provider.

What is in this moral virtue that it became the basis for medical care? Why do we expect it from all health care worker? What innovations are added by the virtue ethics theory to our knowledge of medical professions? The article aims to answer the above questions.

The moral virtue and virtue ethics

Apart from deontological theories and utilitarianism, the ethics of virtue of treatments is currently one of the major ethical trends. Although it arises from the ethos of ancient Greeks and the philosophical concepts developed by them, it has been forgotten for hundreds of years. A renewed interest in it occurred in the 20th century, as a result of disappointment with absolutism and consequentialism (Biesaga, 2006). Despite the fact that it was rediscovered recently, such researchers as: Elizabeth Anscombe, Alasdair MacIntyre, Julia Annas, Robert Audi, Michael Slote, Nancy Sherman, Martha Nussbaum, Rosalind Hursthouse, Christine Swanton have contributed to the return to the traditional ethics of virtue and a significant development of research in this field (Szutta). Contemporary virtue ethics is a broad term and despite differences, its representatives share a common stance on the necessity of shaping the character of an individual by acquiring moral virtues. Therefore, the aim of this type of ethics

is not to formulate moral principles or to conduct a cost/benefit calculation, but to raise a good person (Hursthouse, 2001, 2001; Szutta).

When analyzing the history of philosophical reflection on the concept of moral virtue, it is important to look at its beginnings i.e. the times of Socrates. He, as the first created an ethical concept from the term *areté*, associated with perfection in the profession. This led to the separation of reflection on the morality of man from the whole field of knowledge about the cosmos. Socrates, however, identified moral virtue with the knowledge of what is morally good. The continuator of ethical intellectualism of his master was Plato who, which will later be taken over by Christian tradition and Immanuel Kant, supplemented this concept with good will. According to Plato a good person is the one who aims at the highest idea – Good. The very quest in search of that idea, apart from intellect engages good will and makes a person virtuous (Benson, 2000; Frede; Szewczyk, 2001; Vlastos, 1985).

In his *Great Ethics, Eudemean Ethics* and *Nicomachean Ethics*, Aristotle proposed a few stances on morality. The Stagirite, with his proposal of contemplative ethics, directly referred to his master, Plato, pointing out that *eudaimonia* can be achieved in the most complete way through contemplating of that which is perfect. Apart from theory of friendship ethics, Aristotle also distinguishes the ethics of everyday life – virtue ethics. This concept emerged as a result of Aristotle's philosophical assumptions about the human soul, which are also a continuation of Plato's teaching. Aristotle's virtue ethics focuses mainly on the principle of temperance and justice, and virtue itself is the proficiency acquired in the course of up-bringing, and allows keeping balance between extremes (Szewczyk, 2001; Tatarkiewicz, 1933; Ward, 2016).

Moral virtue, therefore, is not so much an automatism but a permanent disposition to do what is good. Virtue is what makes a person righteous, good, it disposes him/her to the desire for what is proper, to feel, to think and to act in the right manner. A moral virtue can be acquired in the course of up-bringing, which is why this stance is close to Aristotle and contemporary supporters of virtue ethics, who focus on the subject, its moral character and flourishing (Hawking, Curlin, & Yoon, 2017; Hursthouse & Pettigrove; Szewczyk, 2001; Szutta).

Theory of moral virtues in medical ethics

Despite numerous accusations that are formulated in connection to virtue ethics and an emerging discussion on its topic (Hursthouse & Pettigrove; Pellegrino, Engelhardt, & Jotterand, 2008; Szutta, Walker, 2010, 2010), this theory met with great interest, especially among medical professionals. Limitations of major ethical trends dominant in the mid Twentieth Century have been deeply criticized and initiated a radical shift towards virtue ethics. This

radical approach was unnecessary on the grounds of medicine and other medical professions. The specificity of medical professions, education methods, and finally fidelity to tradition, specific values, and the medical ethos cultivated for centuries made medical ethics tied to the ethical principles of virtue. This situation was changed, not so much by the emerging modern philosophical trends, originating in the late Middle Ages, but socio-political events from the past decades. The biggest obstacle was the increase in distrust towards the medical personnel, the shift in patient autonomy, contractualisation caused by the disturbance in the philosophical and religious assumptions of medical professions and the proposition of a four principle bioethics model proposed by Tom L. Beauchamp i James F. Childress (Biesaga, 2006; Pellegrino et al., 2008). These factors contributed to a gradual erosion of the traditional model of education within medical studies.

However, as Edmund D. Pellegrino, a physician and a specialist in theory of virtue ethics, states the very nature of the medical profession springs from the necessity to appertain to virtues of medical ethics. At the heart of this assumption lies, in his opinion, the specificity of the unique relationship between the patient and a health care professional. E. D. Pellegrino refers to both the concept of Aristotle's moral virtue and purposeful cause and the works of A. MacIntyre. As a result, he states that *telos* of the doctor/nurse–patient encounter i.e. treatment, defines not only the understanding of the whole profession but also sets all the necessary conditions for the *telos* to be fulfilled. In this context, E. D. Pellegrino defines moral virtue as a trait of character, which allows for the fulfillment of *telos* in the most complete and perfect manner. Having moral virtues is not only helpful in fulfilling the professional duties and professional ethos, but also makes the person better; more virtuous. E. D. Pellegrino points out, citing the concept of the internal virtues of A. MacIntyre, that it is this which allows the employee to be described as a good nurse, a good doctor or a good dentist (Pellegrino et al., 2008; Pellegrino & Thomasma, 1993, 1997).

The importance of virtue of compassion in medical care

Remaining within the boundaries of E. D. Pellegrino’s theory, it is possible to enumerate most important virtues of the health care provider. As indicated by the researcher, this list constitutes a certain minimum of required dispositions and includes: fidelity to trust and promise, benevolence, effacement of self-interest, compassion and caring, intellectual honesty, justice and prudence (Pellegrino et al., 2008). One virtue, the description of which is the purpose of this article, is the virtue of compassion.

While the common understanding of the concept of compassion does not pose major problems, its accurate definition in the context of medical ethics is a difficult task. E. D. Pellegrino, together with his co-worker David C. Thomasma, states that compassion cannot be simply described as a principle of conduct; a norm, but is an element involving every personal dimensions of a health care worker, his psyche, intellect, morality, at the same time remaining sensitive to social and cultural influences (Pellegrino & Thomasma, 1993).

It seems that compassion plays an important function especially in nursing. Its role is so important that numerous authors indicate it as the basis for all nursing care and an elementary skill each nurse must possess (ATTARD & BALDACCHINO, 2014; Davison & Williams, 2009; Dobrowolska, 2010; Szewczyk, 2001).

Compassion, understood as a moral virtue, will be the skill that allows all specialist knowledge to be accurately and appropriately applied to the situation of a suffering person. It is an exceptional virtue, because it initiates the whole treatment process and provides the stimulus for a proper response to the observed suffering. To be compassionate is to be ready to notice and feel how tragic the circumstances of life of this particular patient are and to take adequate action in response to the identified realities (Pellegrino et al., 2008; Pellegrino & Thomasma, 1993).

The virtue of compassion, apart from the moral and an intellectual aspect, evokes whole lot of emotions. It is impossible to imagine a health care provider who would be unable to empathize with strong feelings, triggered by observation and understanding of the patient's situation. This readiness to act makes the virtue of compassion very similar to what takes place in another typically human relation, also based on compassion i.e. friendship. Similarly like in friendship, compassion that arises in the treatment process between an individual patient and a nurse or doctor escapes the evaluation of strict psychological tools and is vividly shaped and experienced in this unique, intimate environment. This emotional dimension is strictly associated with the moral aspect of the virtue of compassion. A doctor or a nurse cannot achieve the goals of the profession if he/she does not take care of the patient’s emotional state. This can be done by taking care of the atmosphere in which mutual trust and acceptance will be promoted. This task will be most visibly expressed through the respect of patient's system of values, understanding of the principles he professes, expressing interest in his life situation and the history of his illness. An individualized treatment process, with respect for what is important for the patient, is based mostly on the understanding of his spiritual needs and respect for his religiosity. The inability to find a place in these realities or the explicit lack of respect shown to the patient may destroy the patient's trust in the medical staff, which in turn will introduce disharmony to the

healing process, distort the patient's physical, emotional and spiritual balance, which is openly in conflict with the *telos* of medicine, the aim of which is restoring this balance (Hawking et al., 2017; Pellegrino & Thomasma, 1993).

The difference between the friendship and healing relation in case of doctor/nurse and the patient is the intellectual component of the virtue of compassion. Thanks to a properly developed virtue, a medical employee has not only the ability to accurately judge the patient's reality but also individual variables shaping the picture of his clinical situation. Due to the emotional dimension, the helper becomes aware of patient's priorities, his limitations, needs and expectations. On this basis the nurse/physician has the ability to tailor their message to make it most adequate to the perceptual abilities and clinical situation of the patient – he can determine what medicine can offer to that specific/individual patient. The patient requires professional help due to his illness based dependence. The main task of the medical workers is not so much taking care of the patient's physical dimension, but to help him regain his lost autonomy. A special purpose of health care is to help restore the patient's ability to make informed but also proper decisions. Patients need wise help, reliable information and explanations (Pellegrino et al., 2008; Pellegrino & Thomasma, 1993). The intellectual aspect of the compassion virtue protects against excessive identification with the patient and the world of his values. Compassion and the belief in good knowledge of the patient's situation and preferences, may create a desire to relieve the patient in his helplessness, and to make decisions for him, which is a straight rout to paternalism. The virtue of compassion is therefore the virtue, which in a specific manner ensures the fulfillment of the *telos* of the medical profession. A virtuous doctor/nurse will be able to shape his relationship with the patient in such a way as to contribute to the restoration of all his or her abilities to the maximum, especially autonomy (Pellegrino & Thomasma, 1993).

The virtue of compassion – practical application

Compassion understood in such a manner was an inspiration for hundreds of years for many practitioners and theoreticians of medicine and nursing. Compassion, as it has been indicated earlier, is the heart of medical professions and the most significant element of the clinical encounter.

Empirical studies indicate how important compassion is for patients (Davison & Williams, 2009; Sibley, Earwicker, & Huber, 2018; Sinclair et al., 2016). It allows for planning the stages of treatment so as to enable not only the most complete implementation of individual patient's wellbeing, but also the objective goal of medicine. It should also be remembered that properly

implemented medical and health care also means personal development and growth of the health care provider (Hawking et al., 2017; Sinclair et al., 2016). These types of theoretical models arise from certain intuitions and are confirmed by research and clinical practice conducted independently in various research centers around the world.

One of the initiatives aimed at developing standards of comprehensive healthcare, placing compassion as the foundation of this care, is the project titled "Enhancing Nurses' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care (EPICC)". The project is financed from European funds from the Erasmus + KA2 Strategic Partnership Grant Agreement Number: 2016-1-UK01-KA203-024467 program, and was created as a result of cooperation between 6 European universities: Staffordshire University (England), University of South Wales (Wales), VID Specialized University, Bergen (Norway), Christian University of Applied Sciences, Viaa, Zwolle (Netherlands), formerly Diakonova University College, now VID Specialized University, Oslo (Norway), University of Malta. 25 participants and a much larger group of Participants+ take part in the tasks planned for the years between 2016 and 2019. These people, from different European countries are connected with university centers or are representatives of patients or health professionals. The aim of this project, apart from integrating teachers involved in education of nurses and midwives in the field of providing spiritual care is to develop a cooperation and partnership network, under which exchange of experience and scientific research will be possible. This cooperation is to end in the development of the Matrix of spiritual care for nurse education (Dobrowolska, Zolnierz, & Deluga, 28-29 maja 2018; Smith, 2018; The EPICC Strategic Partners: Wilf McSherry, Linda Ross, Tove Giske, Rene van Leeuwen, Tormod Kleiven, Donia Baldacchino, Josephine Attard, 2017).

As indicated by initiators of the project, proper help is possible only if all aspects of individual's existence are taken under consideration. Patient's spirituality is a specific plane that requires a compassionate and comprehensive understanding care. This understanding completely confirms developed over hundredths of years of nursing ethos, underlining the importance and uniqueness of this medical profession. The project's team devoted one of 9 key competences in its Standards of Education on Spiritual Care to compassion. A nurse, if she is to provide the highest quality holistic care, should not only understand the concepts of accessibility, authenticity, care and compassion, but should also be able to adequately communicate with the patient and build trust. Relation that is full of compassion should therefore result in a fully open attitude of respect, acceptance and lack of judgment towards the patient (Dobrowolska et al., 28-29 maja 2018).

The postulate of the project is to sensitize nurses and midwives so that through working on their own development in the moral field, they are able to meet the needs and contribute to the spiritual and moral growth of their patients. Such a significant goal indicates the necessity to shape the virtue of compassion, which is the guarantee of full implementation of specific patient's needs (Ross et al., 2018; Smith, 2018).

Conclusion

The theory of virtue ethics applied on the grounds of medicine and nursing provides the necessary knowledge about how and what moral virtues to shape in future health care workers. The virtue of compassion occupies a particularly privileged position within the catalog of virtues. It is a guarantee that in the era of industrialization and engineering both medical and nursing professionals will keep their heart. This virtue also protects the well-understood goal of medicine and protects against pathological phenomena - paternalism or undermining patient's autonomy. Despite discussions on the difficulties in developing a model of education that allows the development of this desirable trait in future medical professionals, the projects such as EPICC are proof that it is possible to implement.

References

Attard, J., & Baldacchino, D. (2014). The demand for competencies in spiritual care in nursing and midwifery education: A literature review. *Revista Pistis Praxis, 6*(2), 671–691. https://doi.org/10.7213/revistapistispraxis.06.002.DV02

Benson, H. H. (2000). *Socratic Wisdom: The Model of Knowledge in Plato's Early Dialogues*: Oxford University Press.

Biesaga, T. (2006). Etyka cnót w etyce medycznej. *MP Medycyna Praktyczna*. (3), 20–23. Retrieved from http://polona.pl/item/35688782

Davison, N., & Williams, K. (2009). Compassion in nursing 1: defining, identifying and measuring this essential quality. Retrieved from https://www.nursingtimes.net/roles/nurse-managers/compassion-in-nursing-1-defining-identifying-and-measuring-this-essential-quality-/5006242.article

Dobrowolska, B. (2010). *Wprowadzenie do medycznej etyki troski*. Bydgoszcz: Oficyna Wydawnicza Branta; Agencja Marketingowa, Oficyna Wydawnicza Branta.

Dobrowolska, B., Zolnierz, J., & Deluga, A. (Eds.) 28-29 maja 2018. *Edukacja w zakresie pielęgniarskiej opieki duchowej. Rezultaty międzynarodowego projektu EPICC*. Retrieved from http://zawodymedyczne2018.pl/informacje/

Frede, D. Plato's Ethics: An Overview. Retrieved from <https://plato.stanford.edu/archives/win2017/entries/plato-ethics/>

Hawking, M., Curlin, F. A., & Yoon, J. D. (2017). Courage and Compassion: Virtues in Caring for So-Called "Difficult" Patients. *AMA Journal of Ethics*, *19*(4), 357–363.

Hursthouse, R. (2001). *On virtue ethics*. Oxford: Oxford University Press.

Hursthouse, R., & Pettigrove, G. Virtue Ethics. Retrieved from <https://plato.stanford.edu/entries/ethics-virtue/#pagetopright>

Pellegrino, E. D., Engelhardt, H. T., & Jotterand, F. (2008). *The philosophy of medicine reborn: A Pellegrino reader*. *Notre Dame studies in medical ethics*. Notre Dame, Ind.: University of Notre Dame Press.

Pellegrino, E. D., & Thomasma, D. C. (1993). *The Virtues in Medical Practice*. Cary: Oxford University Press, USA.

Pellegrino, E. D., & Thomasma, D. C. (1997). *Helping and healing: Religious commitment in health care*. Washington, DC: Georgetown University Press.

Ross, L., McSherry, W., Giske, T., van Leeuwen, R., Schep-Akkerman, A., Koslander, T., . . . Jarvis, P. (2018). Nursing and midwifery students' perceptions of spirituality, spiritual care, and

spiritual care competency: A prospective, longitudinal, correlational European study. *Nurse Education Today*, *67*, 64–71. https://doi.org/10.1016/j.nedt.2018.05.002

Sibley, M., Earwicker, R., & Huber, J. W. (2018). Making Best Use of Patient Experience. *Journal of Clinical Nursing.* Advance online publication. https://doi.org/10.1111/jocn.14504

Sinclair, S., McClement, S., Raffin-Bouchal, S., Hack, T. F., Hagen, N. A., McConnell, S., & Chochinov, H. M. (2016). Compassion in Health Care: An Empirical Model. *Journal of Pain and Symptom Management*, *51*(2), 193–203. https://doi.org/10.1016/j.jpainsymman.2015.10.009

Smith, J. (2018). Enhancing Nurses' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care (EPICC). Retrieved from https://blogs.bmj.com/ebn/2018/01/22/enhancing-nurses-competence-in-providing-spiritual-care-through-innovative-education-and-compassionate-care-epicc/

Szewczyk, K. (2001). *Dobro, zło i medycyna: Filozoficzne podstawy bioetyki kulturowej*. Warszawa, Łódź: Wydawnictwo Naukowe PWN. Retrieved from http://www.polona.pl/dlibra/doccontent2?id=30776

Szutta, N. Moral Education from the Perspective of Virtue Ethics (in Polish), *2015*(46), 111–133. https://doi.org/10.13153/DIAM.46.2015.839

Tatarkiewicz, W. (1933). Trzy etyki Arystotelesa. *Przegląd Filozoficzny*, *36*(1-2), 13–25.

The EPICC Strategic Partners: Wilf McSherry, Linda Ross, Tove Giske, Rene van Leeuwen, Tormod Kleiven, Donia Baldacchino, Josephine Attard. (2017). *Enhancing Nurses Competence in Providing Spiritual Care through Innovation Education and Compassionate Care: Information Sheet for EPICC Participants* (Erasmus+ KA2 Grant Agreement Number: 2016-1-UK01-KA203-024467).

Vlastos, G. (1985). Happiness and virtue in Socrates' moral theory. *Topoi : an International Review of Philosophy*, *4*(1), 3–22. Retrieved from http://dx.doi.org/10.1007/BF00138646

Walker, R. L. (2010). Virtue Ethics and Medicine. *Lahey Clinic Journal of Medical Ethics*, *17*(3), 1–2.

Ward, A. (2016). *Contemplating friendship in Aristotle's Ethics*. *SUNY series in Ancient Greek Philosophy*. Albany [New York]: State University of New York Press.