The Linacre Quarterly

Volume 63 | Number 1 Article 1

February 1996

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by

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The following address was delivered to the AMA House of Delegates, December 5, 1995, in Washington D.C.

Thank you for your invitation to speak with you this afternoon. These are turbulent times for medicine and health care, especially for physicians, and Dr. Todd *(Editor's note: Executive Vice President of the AMA)* and Dr. Bristow *(President of the AMA)* may have felt that, as a pastor, I could give some comfort to you who daily navigate these powerful currents of change. I am not sure how much comfort I can offer, but I can offer some observations that may help guide your own conduct and that of the medical profession as the pace of change accelerates in the coming years.

Such an offer may sound presumptuous, coming as it does from a priest rather than a physician. So, before going further, let me share some of the experience that led me to this seemingly brash venture.

My many pastoral roles often intersect with doctors, institutions of health care, and health care policy. I am responsible, for example, for the spiritual care of the sick of the Archdiocese of Chicago. Within the diocese there are more than 100 health care agencies, including 20 hospitals and 28 nursing homes. As a member of the Administrative Committee of the National Conference of Catholic Bishops, I have helped to articulate the Conference's views on national health policy and other social issues. I am also a member of the Board of the Catholic Health Association, which represents about 900 Catholic health care providers nationwide.

In these roles I have the opportunity to converse and consult with some of the best minds in medicine and health care administration. And I have had the chance to write and speak frequently on the nature of health care and its significance in human life, with a particular focus on the importance of not-for-profit institutions. In all of this I have seen access to health care as a fundamental

human right and discussed the ethical dimensions of health care within the framework of the Consistent Ethic of Life, which I have articulated and developed over the past twelve years.

I also stand before you as someone recently diagnosed and treated for pancreatic cancer. I am the beneficiary of the best care your profession has to offer. This experience has shaped and deepened my reflections on the challenges you face as individuals and as a profession.

Your profession and mine have much in common — the universal human need for healing and wholeness. What special qualities do ministry and medicine share?

First, we both are engaged in something more than a profession — a vocation. In its truest sense, it means a life to which we are called. In my own case I was called to both professions. As an undergraduate, I had decided to become a doctor and followed a pre-med curriculum. But long before I graduated, I heard a stronger call to the priesthood.

Second, we both are centered on promoting and restoring wholeness of life. The key words in our professions — heal, health, holy, and whole — share common roots in Old English.

Third, and most fundamentally, we both are engaged in a moral enterprise. We both respond to those who are in need, who ask us for help, who expose to us their vulnerabilities, and who place their trust in us.

As someone who has cared for others and who has been cared for by you and your colleagues, I hope you will allow me to speak frankly about the moral crisis that I believe currently grips the medical profession generally and physicians individually.

In speaking of a "moral crisis" I realize that I am assuming a position with which some within your profession would disagree. They would assert that the marketplace is the only valid reference point for evaluating medical practice. I respectfully, though forcefully, disagree with such an assertion. I believe that medicine, like other professions — such as teaching, law, ministry — does have a moral center, even though this center is under attack. And I think you believe deep down as I do that such a moral center exists and that it must not be lost. Dr. Bristow's priority on medical standards as a hallmark of his administration reflects this concern.

What do I mean when I speak of a "moral crisis" in medicine? I mean that more and more members of the community of medicine no longer agree on the universal moral principles of medicine or on the appropriate means to realize those principles. Conscientious practitioners are often perplexed as to how they should act when they are caught up in a web of economics, politics, business practice, and social responsibility. The result is that the practice of medicine no longer has the surety of an accurate compass to guide it through these challenging and difficult times. In other words, medicine, along with other professions, including my own, is in need of a moral renewal.

My purpose today is not to dictate the details of medicine's moral renewal. Rather, it is to invite you to join me in a conversation that will lead to a restoration of medicine's first principles. I am convinced that, with good will and

persistence, this process will benefit society, reinvigorate the medical profession, preserve its independence, and infuse your lives with a quality of meaning that has too often been missing.

How did we arrive at this situation? Medicine, like other professions, does not exist in a vacuum. The upheavels in our society, especially those of the past thirty years, have left their imprint on the practice and organization of medicine. Each of us has his or her own list of such upheavals. My list includes the shift from family and community to the individual as the primary unit of society, an overemphasis on individual self-interest to the neglect of the common good, the loss of a sense of personal responsibility and the unseemly flight to the refuge of "victimhood," the loss of confidence in established institutions, the decline in religious faith, the commercialization of our national existence, the growing reliance on the legal system to redress personal conflicts.

In addition to societal changes, there are causes specific to the medical enterprise that contribute to medicine's disconnection from its underlying moral foundation. For example, advances in medical science and technology have improved the prospect of cure but have de-emphasized medicine's traditional caring function. Other contributors include the commercialization of medical practice, the growing preoccupation of some physicians with monetary concerns, and the loss of a sense of humility and humanity by certain practitioners.

None of this, I am sure, is news to you. In surveys, newspaper articles, and personal conversations, many physicians report that they are increasingly concerned with the condition and direction of medical practice.

What may surprise you, however, is my contention that, to reverse these trends, you, as individuals and as a profession, must accept a major share of the responsibility for where you are today. Physicians have too often succumbed to the siren songs of scientific triumph, financial success, and political power. In the process medicine has grown increasingly mechanistic, commercial, and soulless. The age-old covenants between doctors and patient, between the profession and society, have been ignored or violated.

This dire view is tempered by hope. If the present predicament is the product of choices — explicit and implicit — made by members of your profession, then it is possible that you can choose to change it.

The change I have in mind is "renewing the covenant with patients and society." That covenant is grounded in the moral obligations that arise from the nature of the doctor-patient relationship. They are moral obligations — as opposed to legal or contractual obligations — because they are based on fundamental human concepts of right and wrong. While, as I noted earlier, it is not currently fashionable to think of medicine in terms of morality, morality is, in fact, the core of the doctor-patient relationship and the foundation of the medical profession. Why do I insist on a moral model as opposed to the economic and contractual models now in vogue?

Allow me to describe four key aspects of medicine that give it a moral status and establish a covental relationship:

- First, the reliance of the patient on the doctor. Illness compels a patient to

place his or her fate in the hands of a doctor. A patient relies, not only on the technical competence of a doctor, but also on his or her moral compass, on the doctor's commitment to put the interests of the patient first.

- Second, the holistic character of medical decisions. A physician is a scientist and a clinician, but as a doctor is and must be more. A doctor is and must be a caretaker of the patient's person, integrating medical realities into the whole of the patient's life. A patient looks to his or her doctor as a professional adviser, a guide through some of life's most difficult journeys.

- Third, the social investment in medicine. The power of modern medicine —of each and every doctor — is the result of centuries of science, clinical trials, and public and private investments. Above all, medical science has succeeded because of the faith of people in medicine and in doctors. This faith creates a social debt and is the basis of medicine's call — its vocation — to serve the common good.

- Fourth, the personal commitments of doctors. Relationship with a patient creates an immediate, personal, non-transferable fiduciary responsibility to protect that patient's best interests. Regardless of markets, government programs, or network managers, patients depend on doctors for a personal commitment and for advocacy through an increasingly complex and impersonal system.

This moral center of the doctor-patient relationship is the very essence of being a doctor. It also defines the outlines of the covenant that exists between physicians and their patients, their profession, and their society. The covenant is a promise that the profession makes — a solemn promise — that it is and will remain true to its moral center. In individual terms, the covenant is the basis on which patients trust their doctors. In social terms, the covenant is the grounds for the public's continued respect and reliance on the profession of medicine.

The first dimension of this covenant deals with the physician's responsibilities to his or her patients. They include:

- Placing the good of the patient over the interests — financial or otherwise —of the physician,insurance company, the hospital, or system of care. This issue is rarely overt; rather, it springs from a growing web of pressures and incentives to substitute someone else's judgment for your own.

- Ensuring that the use of advanced medical science and technology does not come at the expense of real caring. A recent study in the Journal of the American Medical Association documented a continuing compulsion to spare nothing for the dying patient, without regard for the patient's dignity, comfort, or peace of mind.

- Upholding the sanctity and dignity of life from conception to natural death. The Consistent Ethic of Life calls on us to honor and respect life at every stage and in all its circumstances. As a society, we must not lose our shared commitment to protect our vulnerable members:

the unborn, persons with disabilities, the aged, and the terminally ill. We must not allow the public debates over the right to life of the unborn person and legalized euthanasia to deter us from our commitment.

- Attending to your own spiritual needs as healers. As a priest or a physician, we can only give from what we have. We must take care to nurture our own personal moral center. This is the sustenance of caring.

The responsibilities I just noted are not new to the practice of medicine. Almost 2500 years ago, Plato summed up the differences between good and bad medicine in a way that illuminates many of the issues physicians face today in our increasingly bureaucratized medical system. In his description of bad medicine, which he called "slave medicine," Plato said,

> The physician never gives the slave any account of his problem, nor asks for any. He gives some empiric treatment with an air of knowledge in the brusque fashion of a dictator, and then rushes off to the next ailing slave.

Plato contrasted this bad medicine with the treatment of free men and women:

> . . . the physician treats the patient's disease by going into things thoroughly from the beginning in a scientific way and takes the patient and the family into confidence. In this way he learns something from the patient. The physician never gives prescriptions until he has won the patient's support, and when he has done so, he aims to produce complete restoration to health by persuading the patient to participate.

Similar ideas are reflected in the Hippocratic Oath attributed to an ancient Greek physician. This oath is still used at some medical school graduations. Its second section includes a pledge to use only beneficial treatments and procedures and not to harm or hurt a patient. It includes promises not to break confidentiality, not to engage in sexual relations with patients or to dispense deadly drugs.It specifically says: "I will never give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect."

There are plenty of pressures, some self-imposed and some externally imposed, that make it easy to practice bad medicine, just as there were two and one-half millennia ago. Sustaining your covenants requires a willingness to affirm and incorporate into your lives the ancient virtues of benevolence, compassion, competence, intellectual honesty, humility, and suspension of self-interest —virtues which many of you live quite admirably.

Let us move now from the convenantal obligations of the individual physician to the responsibilities of the profession. Medicine is a profession that has the freedom to accredit its educational institutions, set standards of practice, and determine who shall practice and who shall not. As such, it is a moral community subject to a set of moral obligations. First among these obligations is the requirement to enlist and train new members of the profession who befit the nature of the profession. Beyond intellectual ability, you must ask whether potential medical students have the potential to live up to the moral

responsibilities of a physician, that is, will they be "good" doctors. In addition, those who teach and counsel medical students must be living models of the virtuous physician, living proof that the values we espouse are not romantic abstractions to be discarded when they enter the "real world" of medicine.

President Bristow has lamented the fact that one-fourth of our medical schools have no formal courses in medical ethics. Such courses should, of course, be required in every curriculum. Important as these courses are, however, they are not enough. Indeed, they run the risk of segregating these matters from the core of students' learning experience. If we do not infuse moral and ethical training into every class and practicum, in residencies, and in continuing education, we have not fulfilled our obligation to our students and the profession.

Finally, I would emphasize among medicine's professional obligations the setting and enforcing of the highest standards of behavior and competence. Although those who defraud government and private insurers, those who are incompetent or venal, those who look the other way at colleagues' wrongdoing are undoubtedly a minority, the profession is demeaned by them and must repudiate them. Your own Code of Medical Ethics speaks directly to this point.

Moreover, when physicians engage in sexual misconduct with patients, the "code of silence" that has protected physician and priest alike must be broken. I offer for your consideration what we have done in the Archdiocese of Chicago in matters of clerical sexual misconduct with minors. An independent review board, the majority of whom are not clerics, evaluates all allegations and presents to me recommendations for action. The participation of these dedicated individuals in this process has not diminished the priesthood, but enhanced it.

Failure to ground the profession in a strong set of moral values risks the loss of public respect and confidence, and with that the profession faces the further erosion of its independence. Society's stake in medical care is too great to sustain the present level of professional autonomy if confidence in the profession declines.

Although I am focusing on what I believe needs to be repaired, I do not overlook or take for granted the great and good works performed by physicians every day — the grueling work in hospital emergency rooms, the treatment of AIDS victims, the care for the poor and the homeless, the *pro bono* work — to name only a few.

Let me summarize my major points so far. First, the practice of medicine is by nature a moral endeavor that takes the form of a covenant. Second, that covenant involves moral obligations to patients, to the profession, and to society. Third, the moral compass that guides physicians in meeting those obligations needs to be fully restored so that the covenant can be renewed. I have discussed the covenantal obligations to patients and the profession and suggested some guideposts. I turn now to the obligations to society.

Physicians and the profession have a covenant with society to be an advocate for the health needs of their communities and the nation. This function is not as immediate or obvious as the others I have discussed, and in some respects its successful exercise depends on fulfilling those obligations that are more

intimate to medical practice. The nature of these obligations may also be more controversial, but let me outline the primary elements of the social obligation.

- First, the establishment of health care as a basic human right. This right flows from the sanctity of life and is a necessary condition for the preservation of human dignity. Dr. Bristow has indicated that the opportunity for comprehensive reform of our health care system is "at least two administrations from now." I trust that the medical profession will take this prediction as a challenge, not as an inevitability.

- Second, the promotion of public health in the widest possible sense. In addition to the traditional public health agenda — clean water, sanitation, infectious diseases — we must include the health implications of inadequate nutrition, housing, and education. In addition, our public health horizons must include the "behavioral epidemics" engulfing our society — drug and alcohol abuse, violence, children raising children.

- Finally, leadership on the question of how best to protect human life and enhance human dignity in a situation of limited health resources. Although this issue is often framed in terms of rationing, I prefer a different word and a different concept: "stewardship." As a profession, you must take the lead in advising policy makers. This is a matter too important to be left to the government and the insurance companies.

If you sense an urgency in my voice today, it is because I believe we cannot afford to wait to renew the covenant with patients and society until some indefinite time in the future. The future is about to inundate us. If we do not reset the moral compass before the flood arrives, our opportunity may be washed away. Let me suggest only a few of the overarching issues we are already contending with: the aging of our society and of the industrialized world, the explosion of genetic knowledge and the potential for the manipulation of human life itself, the revolution in information and the attendant privacy issues. Confronting each of these issues will require our moral compass to be crystal clear and firmly set.

It is my hope that today will mark the beginning of a conversation among all of us concerned with the moral framework of health care in the United States, but especially among those of you within the medical profession. If current trends continue, the moral authority at the basis of medicine is in danger of being lost, perhaps irrevocably. You are closest to these issues, and, in the end, your choices will determine our course as a nation and community. Recommitting yourselves to medicine's inherent moral center will give you the strength and wisdom to renew the covenant and provide the leadership your patients, your profession, and your nation need and expect from you.
