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Human Life as a Foundation for Ethical Health Care Decisions: A Synthesis of the Work of E. D. Pellegrino and W. A. Wallace.¹

by

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Professionals, in the traditional understanding, have been a people set aside by society to fulfill necessary roles. The professions have a unique body of knowledge, an acknowledged status in the community, rights and responsibilities, and the authority to fulfill their role. They also have certain immunities and protections in performing their prescribed duties. For example, physicians and nurses are protected from accusations of impropriety in the legitimate performance of examinations, intimate hygienic measures, and treatments. Physicians are granted rights and responsibilities in making life and death decisions. While acknowledging that everyone makes mistakes, people trust and confide in their doctors and nurses.

The professions include physicians, nurses, lawyers, ministers and professors. These are still considered professions, but the word is now used for virtually everyone, e. g., housekeepers, barbers, babysitters, and sales persons. This diverse usage erodes the meaning of profession. For the health care practitioners themselves, there has been further erosion of the meaning of "professional". Only a few years ago, the taking of vows as a nurse or physician was a solemn rite of commitment to the good of the individuals and community one served. The oath was foundational for codes of ethics that expressed behavioral norms. Today this commitment is weakened by competition with demands of providing for one's self and

family, science and technology, or conformity with rules of health care insurance providers.

Additionally, our present age of technology challenges the very meaning of life and death, as well as life's normal modes of generation and promotion. Technological possibilities are on the verge of transforming life from a gift into a commodity to be selected, manipulated and chosen or rejected. With these technological advances that challenge the meaning of human life, changes in the meaning of "professional," and the changing social and professional climate, one has to ask if there is a stable foundation for ethical standards. This foundation would need to be pervasive throughout health care and it would have to not be subject to social construction. For these reasons we turn to nature itself and human nature as that which is naturally behind human action, society, and professional relationships.

Edmund D. Pellegrino has written extensively and as an insider on medicine as a profession and obligations that emerge from being a profession, a body of professed healers, men and women who acknowledge publicly their responsibilities and are given the legitimate authority (that attends their profession and acquisition of medical knowledge and skill that they hold in trust.) grounded in both patient vulnerability (vulnerability imposed by illness) and the possession of a body of scientific knowledge that can positively ameliorate the patient's condition. Pellegrino seeks moral authority of the helping and healing professions from within the professions themselves. For medicine this can be found within the clinical encounter as a transaction between two humans.² He writes, "There is something essentially in the nature of medicine as a kind of human activity which determines its ends and its ethics internally." He continues that medicine occurs at "that moment when some human being in distress seeks help from a physician within the context of a system of care."³

Pellegrino reports that he accepts a moderate realist epistemology and an Aristotelian-Thomistic interpretation of human life.⁴ With his colleague David C. Thomasma, he uses Christianity as a supplement to his ethical standards grounded in the professional relationship.⁵ Christianity with its focus on equality and charity becomes an effective religious guide. However, there are many committed physicians who are not Christian. Additionally, this is a philosophical work and a natural standard is sought. The insight behind this paper is that human nature gives rise to society, human relationships, the need for care (patency), the desire and ability to care for others (agency) and thus, would itself be a philosophical foundation for practice.⁶

The goal of this paper, then, is to clarify the meaning of moderate realism and to provide an exposition of human nature that is consistent within the Aristotelian-Thomistic tradition. It is believed that human nature

and a grasp of principles and causes following upon human nature provide a stable foundation for ethical health care practices. Although Pellegrino focuses on the physician-patient relationship (the fact of illness, profession, and medical knowledge⁷) as the ground for ethical practice he presumes the content of human nature. It seems that ethical principles that flow from human nature would deepen and expand the physician-patient relationship as a ground for ethical decision-making. Thus, it is believed there is value in making this content on nature and human nature explicit. To this end we will turn to examine principles and causes within the contemporary Aristotelian-Thomistic exposition of human nature by William A. Wallace.⁸

Wallace would agree that there are aspects of being human (properties, capacities and values) that provide guidelines for ethical practice. Wallace argues that human nature ought to be the basis for any professional ethics, engineering or medicine.⁹ We would agree because the very humanity of the patient and practitioner is not subject to social construction. Additionally, as already stated above, human needs and capacities are the bases for professional relationships. Thus, we would again assert that human life itself needs to be given priority as a stable basis of health care practices. To this end, this present work will integrate the insights of Wallace and Pellegrino to propose ethical standards of health care practices founded on the humanity of patient and practitioner.

This synthesis of Wallace and Pellegrino will begin with clarification of realism as meant by Pellegrino and Wallace, then turn to nature, principles and causes in nature, then human nature. At that point we will return to consider some ethical principles that emerge from this foundation.

Realism¹⁰

The denial of the intelligibility of nature in the present day can be traced back to limitations on reason proposed by the Eighteenth Century work of David Hume. Without knowledge of natural kinds (natures), what is known are sensations from experience and the way empirical sensory data are associated by the mind. Through the early Twentieth Century scholarship in Vienna known as the Vienna Circle, this perspective became popular as logical positivism (sometimes referred to as logical empiricism). Since experience is personal and knowing from experimentation (usually on the hypothetical-deductive model) is probable, what is accepted as current science is always revisable as new experiences and experimental results emerge. There is, thus, within science no stable body of knowledge. There are however, currently accepted belief systems.

In contrast to this more skeptical account, realism in the Aristotelian-Thomistic tradition, often called moderate realism, holds that things and individuals in this extra-mental world are intelligible and form a basis for

evaluating propositions about the world. In this view, reason can move beyond sensory experience to provide knowledge of natural kinds and their capacities that serve as explanatory principles of observable effects.¹¹

Aristotle wrote on every aspect of human knowing, i.e., the meaning of matter, the composition of substances, nature, language, logic, scientific method, and human action in ethics, politics, and economics. In his *Physics*, Aristotle taught that the world is intelligible, that is, knowable because of the form that all things of the same kind have in common. Because of this shared form there is regularity and stability in the world. This regularity in nature allows one to identify a tree as a tree and a diamond as a diamond. According to his writings, *On the Soul*, the human intellect abstracts the form present within the individual's perception of the particular tree as a universal concept that can be applied to other items of the same kind, thus allowing humans to both make sense of the world and to communicate. The knower can now label a tree as "tree" according to conceptual content stored in memory. If the item is a tree or a diamond, as one thought, the judgment is correct. If not, it is in error. This difference gives rise to the distinctions of truth and falsity. Our grasp of the form as universal concept is complete or incomplete, but our judgment of the match between the content in the intellect and the extra-mental world is true or false.

Through analogical reasoning, Aristotle accepted that the mind was made to know the world and to come to truth, just as the eyes were made to see and the tongue to taste. To know is the function and truth is the object of the intellect. Just as certain conditions must be met in order for one to see, e.g., the presence of light is required for color to become apparent, there are conditions that make knowing possible and the discovery of truth more likely. Additionally, just as illness can alter the sense of taste, intellectual defects can alter the capacity or the way one comes to knowledge. Patterns of reasoning must be developed. These types of reasoning include: speculative reasoning characteristic of science, the productive reasoning characteristic of art and practice, and deliberation characteristic of practical life. Inquiry requires prerequisite mental preparation. The preparation and methodology are determined by the subject of the inquiry. For this reason, the education of the physicist is different from the architect or the nurse.

Scientific knowledge derives from an understanding of the object of inquiry. For example, an observational study of emeralds reveals that, thus far, all emeralds are green and, probably, all emeralds will be green. But, one must allow for the potential of finding a non-green emerald. In the philosophy of science this is called the problem of induction. It results from inquiry that is just concerned with phenomena or effects.¹²

However, when one studies the crystalline structure of the emerald, one discovers that the angle of reflection is such that the crystal called an emerald reflects only green light rays. Thus, it is within the nature of the emerald to be green. It cannot be another color. Alterations in the crystalline structure that result in reflection of another color result in the stone being a different gem. In the same way, if one is to understand human behavior on the deeper, explanatory level of science, one needs to understand human nature, that form which makes a human be human.

Nature

Looking out the window we see the flowers, grass, trees, maybe even fields and mountains or the beach. These are nature in the larger sense of the world around us. We may think we control our environment but then winds blow, the earth shakes or the water rises; we are called to remember that we are only a part of nature. In addition to nature as this world outside of the window or in the park, each person or thing has a nature that makes it be what it is. According to Aristotle nature is an internal principle of activity and rest. In the *Physics*, nature is defined as "a source or cause of being moved and of being at rest in that to which it belongs primarily, in virtue of itself and not in virtue of some concomitant attribute."¹³ Nature is intimately inherent to the thing of which it is the principle. It is not accidental to what the item or person is nor externally applied to it. This internal principle of activity and rest generates a thing of a particular kind or class. It also gives rise within the thing to the properties that allow us to identify it as what it is. For example, squirrels are of a particular shape and size, live in trees, and have the habit of storing nuts for the winter. We can argue whether squirrels are black, grey, grey and white, or brown, but we recognize the squirrel as squirrel. The identification of the thing that is being discussed (made possible by its nature, the substantial form grasped by the intellect as a universal concept) is necessary in order to even have the dispute about properties. Certain attributes or properties generate directly from the nature of the being and are, thus, essential. Other attributes are specific to individuals and are, thus, accidental. Even though it is genetically determined whether a particular squirrel will be black or grey, color is accidental to its being a squirrel. On the other hand, storing nuts is essential; it is their nature to do so.

Within this understanding of our world, all physical beings have matter, that out of which the thing is, and form, that which makes the thing be what it is. According to Aristotle, nature is both matter and form, but it is more clearly form because it is form that is the principle that makes the thing a particular kind. Reflecting on what has been said of knowledge, it

can be seen that it is form that is the universal grasped by the intellect as the concept.

In order to clarify the meaning of nature, it is necessary to distinguish the natural from the artificial. Philosophers are very interested in making distinctions because careful identification of similarities and differences allows for clarity of thought. Comparing the natural and the artificial, we see that events and things that occur entirely by nature are outside of human control; while, something totally artificial is designed and implemented by humans. It would also be composed of constructed materials, like plastic. There is, of course, a wide range between these extremes. The desk may be made in a factory with wood provided by nature. The oak tree grew with little or no human assistance while the design and construction of the desk was by human craft. Natural things have their principle of change within them. Artifacts have undergone change from outside of themselves. They have been acted upon. The wooden desk can deteriorate because it is made of oak. It does not fall apart as desk, but as wood. Desks do not have internal principles of change, wood does. But, the wood of the desk cannot maintain itself or grow because it is no longer living. It has lost its internal principle of growth. Its activity is now only decay. This deterioration can be delayed by the right environment but after a time the bonds that held molecules together as oak can no longer do so and cracking or splinters occur. The critical distinction is that nature generates change from within as when the sapling grows into a tree or the calf matures into a cow. Although the artist collaborates with nature, as when Michelangelo studied the marble before sculpting to ensure that it "contained" the statue of David, the artifact has principles of change imposed on it. We generally think of artifacts as being made by humans but the dam is an artifact of beavers and the nest of birds. Philosophers, however, reserve the term "artificial" for things made by humans. Thus, nature is intimately indwelling and not something added to or just associated with a thing. This includes the living and the nonliving, the organic and the inorganic. Nature is that which gives rise to existence, growth and development, and the characteristic activities and properties of the thing. It is also that which brings the thing to completion, decline and decay when it has reached the limit of size or existence. There are four critical notes included in this definition. (1) Nature is a principle of activity. (2) Nature is a principle of rest. (3) Nature is an internal principle. (4) Nature is not added on, it is what the thing is.

Human Nature

Recalling that nature is an internal principle of activity and rest, intimately inherent to the thing of which it is the principle, within a realist understanding, then, human nature is the stable form within each human. It

is grasped on a universal level by the intellect from experience of individual humans. Because of this ability to grasp form, human kind can be known and can provide principles that explain and at some point, prescribe human actions. While sharing this immaterial form in common with those like themselves, individuals are materially and quantitatively distinct in existence from others of the same kind. Within the world of nature, of which humans are only one kind, all physical beings have matter, that out of which the thing is, and form, that which makes the thing be what it is. An individual is stabilized, unified and specified by its natural form.¹⁴ So, within the Aristotelian-Thomistic conception of nature, humans are an integral unity of matter and form. When unified, stabilized living materials are present and these are specified by human DNA, the living organism is a human being.¹⁵ This internal principal of life remains as the new individual throughout infancy, adolescence, adulthood, and old age. This principle is no longer present when the individual has died and the physical materials of the individual begin to disintegrate as they lose their organization and stable structure.

Human nature is also called the soul. The soul is the source of all human capacities or powers. In contemporary thought the soul is often associated with supernatural, spiritual powers, distinct from the body. However, within classical Greek philosophy soul meant principle of life. All living creatures have souls; plants, animals and humans. Each type of soul is a nature specific to the kind of individual and empowering the materials of the individual. Assisted by Thomas Aquinas and contemporary science, Wallace provides an updated account of Aristotle's teaching on the capacities of the soul using epistemic models.¹⁶ A verbal account will need to be sufficient for our purposes. The reader is referred to Wallace for a more comprehensive treatment of the powers of the soul.¹⁷

Human nature is captured through fourteen identifiable powers in a dynamic interrelationship with each other and the environment. As composed of matter, that is elements and compounds, humans share with all things the (1) strong nuclear forces, the (2) weak radioactive forces, (3) gravity, and the (4) electromagnetic forces of chemical reactions. These are the four powers that the living share with the non-living, even with air, dirt and stones. Within health care these forces become especially important with events that challenge fluid and electrolyte balance.

Humans share with plants and all living things the (5) capacities for environmental reactions of homeostatic control, (6) food and energy conversions of metabolism, (7) cell differentiation and growth of developmental powers, and (8) reproduction. The four powers of the inorganic, plus these four capacities characteristic of plants are the minimal requirements of life. Life threatening events move beyond biochemical stability and concerns of oxygen saturation and the ability to aerobically

process energy, to questions of supportive homeostasis and metabolism. Even though growth, development and reproductive capacities enter into most health care decisions, they are especially important issues in health education and preventive care.

Beyond plants, animals have powers especially developed to (9) receive stimuli through the external senses and to (10) use motor powers to respond to their environments. Not all animals share the five outer senses that humans have but many do. Humans have sight, hearing, smell, taste, and touch. Additionally, animals have many different modes of mobility. A few are stationary, but mobility is characteristic of animals. Further, animals with nervous systems use (11) the inner senses of the brain to organize sensations into images that can be compared with past experiences or that allow an immediate awareness of safety or harm and can be stored in memory. The inner senses are coordination, memory, imagination and an immediate estimative sense of safety or harm. This sensory knowledge allows the dog to recognize the person who has been kind, and the rat to solve the problem in the maze. It also results in an immediate withdrawal from danger. On the human level we have experienced this when realizing we have removed our hand from the hot stove. There is first the retreat to safety and then cognition or thinking about what we have done. Humans also share with the animals (12) behavioral responses of emotions and appetites. This is especially apparent when a cat uses motor powers to turn her back on dinner because she is not hungry for what has been served, or the two-year-old simply pouts and throws dinner on the floor. The expression of these reactions required all of the twelve powers characteristic of animals.

Human responses on the level of human actions go beyond interaction with the physical environment. The (13) intellect has the capacity to abstract the universal concepts of things from perceptions. With these concepts it can make and evaluate judgments and reason to new knowledge. Concepts may originate from within the physical world or they may be totally immaterial, like logical concepts developed by the intellect to organize ideas about the world. Examples of logical concepts would be subject, predicate, genus, species. Physical concepts would include the roundness and color of the ball. Wallace's development of a typology of concepts also includes mathematical, metaphysical, metrical and theoretical concepts. A complete treatment of these is beyond the work of this article.¹⁸ The distinction between interacting with the world in a physical way rather than a conceptual way is important, however. Perhaps this will be clearer with the following example: the cat *is* afraid of the dog, while a human afraid of the dog can *consider what it means* to be afraid. In fact, the human can *think about its consideration of fear* and how this consideration of fear is possible. The human can contemplate life,

existence, self, thought, and even a supreme being. This capacity to reflect on immaterial thoughts is a sign of the spiritual nature of the human soul. It must be emphasized, though, that for Aristotle and Aquinas, the integrity of the individual is the intimate union of body and soul. Thus, this is not a dualist view of the body and soul, each separate, where the soul comes to dwell temporarily within the body.

However, the immaterial capacity of contemplative thought is evidence that the human soul is not bound to matter in the same way as the animal soul. This immateriality is also why mathematical methods are not completely adequate in the study of humans and human interactions. This characteristic generates interesting questions, like, how can material biological existence provide for immaterial powers? Aristotle argued that the immateriality of human nature would require an immaterial origin, a divine source. Fortunately, the metaphysical questions do not have to be answered to appreciate that humans are distinct in their capacities of the intellect and the will.

The final and also uniquely human capacity is (14) the will, the desire or appetite of the intellect. What an individual knows, if it is something that can be acquired, generates a desire for itself, and the will is our capacity to choose. This known to which we are referring may be as broad and lofty as truth itself, or as specific and physical as the pizza we want for dinner. Within this understanding, freedom of choice requires knowledge of the desired object and the outcomes of actions. An action selected based on emotion and appetite is voluntary, but not chosen. Additionally, in the face of strong emotion, known principles of action fade and become unusable to the individual because intense feelings cloud the intellect and what was previously known fades. Principles of action known since childhood can become just words without meaning. This distinction is used in the legal attribution of responsibility, for example, the distinction between manslaughter and first degree murder. It is critical within health care when a patient needs to choose between therapies, but is so afraid of the diagnosis that they are unable to understand what is being said. Their fears need to be dissipated and content spoken needs time to become understood. Another example is when a young lady is distraught because she is single and pregnant. If she acts impulsively she may have an abortion then, when no longer pregnant, her emotions become calm and she is able to think more clearly. In a heartrending way she realizes that she has killed her child. The recrimination and quilt are part of what has come to be called Post-Abortion Syndrome. Aristotle would say in the *Nicomachean Ethics*¹⁹, that this reaction itself shows that while the action was in some way voluntary, it was also non-voluntary. There was not full awareness of the situation either from ignorance or overwhelming emotions. There is

also a different moral accountability because she would not have performed the act if she had been able to understand what she was doing.

Returning to the idea of the soul, or human nature, it may be helpful to think of a field of energy, an energizing force that is also stabilizing and specifying. This nature stabilizes the component parts of the individual and directs them to perform the functions characteristic of humans.

Human Excellence (Health and Virtue)

This review of Aristotelian-Thomistic philosophy has led to the identification of powers or capacities that result from the individual being of a particular kind. Homeostatic environmental interactions, food and energy conversions, and cell differentiation and growth are the abilities required to be a living being. For any particular species, health is more than being alive; it is the proper operation of all the organ systems an individual of that species requires for its life functions. More than this, health is the well-working of the organism as a whole.

As with all animals, human health certainly requires a dynamic biochemistry that is growth-producing, and the well-working sensate, emotional, and motor capacities. One may speak of physical health as dependent on the care and development of the various organ systems. Mental health requires the proper working of the inner senses and behavioral response mechanisms. In addition to this, the excellence of functioning that is human health requires the well working of the intellect and will, i.e., concept formation, judgment, reasoning and the virtues. This understanding of health requires the development of habits that promote knowledge and proper action. The virtues of the intellect are science, art and good judgment (wisdom). Intellectual health requires education and training. Over and above this, social and spiritual health, involving the will, requires the development of good judgment and the moral virtues. Moral virtues include justice that moderates actions toward others, courage that tempers the more dramatic emotions like fear and rage, and moderation that curbs the appetites.²⁰

For Aristotle (and one can see applications today) happiness required wisdom, justice, courage, and moderation. Justice includes not only judicial and distributive issues but also good judgment in interpersonal affairs; the ability to see and do what needs to be done for another. This is finding the middle ground between excess and defect, between doing nothing and doing everything. In the *Nicomachean Ethics*, Aristotle characterizes virtuous behavior. First, he says, the individual "must know what he is doing; secondly, he must choose to act the way he does, and he must choose it for its own sake; and in the third place, the act must spring from a firm and unchangeable character."²¹ For the medical professional

these could be paraphrased that we must have the medical knowledge and skill (for the nurse or physical therapist it would be the knowledge appropriate to these professions), and choose to act for the benefit of the patient or family to move them toward the good end of health or a peaceful death, and we must act consistently for the benefit of the patient and/or their family. In doing this Aristotle says that one must also experience pleasure and pain "at the right time, toward the right objects, toward the right people, for the right reason, and in the right manner."²² Knowledge and choice are thus insufficient; one must be emotionally disposed or aligned with the virtuous person in order to discern and act as a virtuous person. This is a professional who is identified as respected and valued in the community for their good judgment and emotional stability. This is a person to whom you can turn for advice when needed.

Looking at the individual in the world from this focus on nature reveals humanity in such a way that one can see that each person reflects all of nature within themselves. In this way, the person is at home in the world. However, because of the immaterial capacities of intellect and will, he or she is capable of thinking beyond nature. Aristotle taught that the highest human activity, a state of absolute inner peace and happiness, was found in contemplation of the highest being, the unmoved mover, the uncaused cause.²³ Thomas Aquinas in his *Summa Theologica* would add the Ultimate Designer, the Absolute Truth and Goodness.²⁴ It is the position of this paper that health care interventions are called to reflect the design and unity in human life.

Human Nature and Ethical Practice

The Aristotelian view of human nature can provide an explanation of humanity that is applicable in all practice disciplines. Human nature is the stability behind all of the apparent change within a person's life. To be human is to have this tight connection with the body and yet to live beyond the body within the world. When this Aristotelian understanding is complemented by the appropriate disciplinary theory it becomes specific to that practice discipline.

The identification of human nature with the intellectual soul enables the professional to address the patient as uniquely human, but necessarily endowed with powers, shared with plants and animals, that must be maintained in order to preserve life. In fact, in the critical life and death moments these powers that maintain life have priority. Certainly, as human, the individual is capable of making informed choices and of setting health care goals. However, the essential unity of body and soul requires at least a minimal level of well-being of the nutritive and sensitive powers in order for the intellectual capacities to be available to the person. For

example, when the patient is comatose, nurses must attend to behavioral cues that reflect the functioning of the vegetative and sensitive capacities. The underfed and malnourished child and the victim of abuse are not able to sit in the classroom and read. Reading has little meaning when you hurt.

Within this understanding of patients, maintaining life occurs on the level of biochemistry characteristic of the vegetative powers. Once the person is stabilized, concerns for the sensitive powers become more important, e.g., pain control and range of motion. With biological and behavioral stability the individual is free to learn. Activities that increase knowledge and choice promote the uniqueness of human life, but their promotion may be delayed in the acute care setting. Because all needs and behaviors are the products or effects of being human, human nature becomes the source of explanatory principles determining priorities in a practice setting. For example, while interventions that preserve life have the highest priority, interventions on the level of health education for health choice are the highest level of practice because these require the highest human capacities.

The life-powers model of human nature indicates the importance and value of all levels of practice. Long term care of comatose patients appears to be sustaining the human at the nutritive level, however we are unaware of the activities of the soul in this state. Much has been written of profoundly comatose patients being affected by what they have heard. This is consistent with the immaterial nature of the human soul. Highly technical interventions are important for preserving life through the biochemical and mechanical bodily functions of the person. Without life all of the other capacities of the organic living person are not there. Behavioral and rehabilitative activities reintegrate the sensitive powers into the wholeness of the individual. Activities of health education in settings enhance the uniquely human powers. Knowledge gives the individual the freedom within which choice is a real possibility, nurturing authentic autonomy.

This discussion has touched on ethical points that we can now summarize.

(1) Human nature is the unifying, stabilizing principle that remains from the beginning of an individual, through youth, adulthood, aging and death. There can be no human search for truth nor desire for the goodness of life so characteristic of being human if one is not alive, so we are called to respect and preserve human life in all of its stages of development.

(2) When an intrinsic internal principle of life is present, a human being is present.²⁵ According to molecular embryology, this occurs at 52 hours after the sperm reaches the ovum, at the four cell stage. At this point it cannot be denied that the unborn is human, so either you must allow one stage of human life to be sacrificed for another or disallow embryonic stem cell research.

(3) Since all humans are related we share a common existence. Thus, one wonders if there ought to be research creating excessively expensive interventions so some wealthy humans can avoid the inconvenience of taking daily medications, while vast numbers of humans perish for lack of necessary food and water. This is a matter of distributive justice.

(4) While maintaining physiological existence has the greatest urgency, health education for health promotion empowers patients and families to remain healthy preserving the unique capacities of human nature and are thus the highest health care functions. It would seem that health education for health promotion and illness prevention maximizes the use of health care dollars.

(5) Patient and care-giver interventions that establish mutual goal setting are most effective as they mobilize intellect and will. This point is central to the work of Imogene King.²⁶

(6) Medical intervention is shared between physician and patient. Both are capable of knowledge and choice, but the physician's knowledge is more complete in depth and detail and the patient's ability to grasp content is limited by education and emotion. Additionally, the words commonly used within the medical community are unfamiliar to patients and families, being outside of their world of experience. Thus, the physician, while respecting the patient's capacity for knowledge and choice, needs to retain the role of wise counselor, trustworthy and trusted to act in the patient's best interest.

(7) Autonomy and informed consent have their basis in human freedom. In order to be free to make a choice one needs to know principles involved in the situation, the circumstances, and what options are available. One needs emotional stability and the courage and determination (virtue) to follow the decision made.

(9) The professional is also a human who has needs and abilities associated with being human that need to be respected.²⁷

(10) Thomas Aquinas' discussion of law uses the human capacity to know truth and the desire to choose the good as foundational for the first principle of human action, that is, to do good and avoid evil.²⁸ Within medicine this would translate into the principles of beneficence and nonmaleficence.

(11) The immateriality of the intellect evidenced by its immaterial capacity of conceptual thought opens the potential that the soul, the natural human form, continues after the death of the body.

(12) Because humans have immaterial capacities health is more than bodily wholeness and excellence of function of the body.

The reader may say, "I knew all of these. They are self-evident," or something similar. Philosophy usually does not intend to teach what is not known, but to make clearer what is the case and why it is the case. It seems apparent that to act with the richness of human existence is to be ethical. This synthesis of being and acting is seen in Robert Sokolowski's

description of medicine and the physician. He writes, "Because the art of medicine aims at something that is a good for the patient, the doctor, in the exercise of his art, seeks the medical good of the patient as his own good....The nature of his art, with the perspectives it provides on the medical good, gives the physician this harmony, and it makes him, in the good exercise of his art, not only a good doctor but also essentially a good moral agent one who seeks the good of another formally as his own. The doctor's profession essentially makes him a good man, provided he is true to his art and follows its insistence."²⁹

From the above list we note the four principles of ethics, nonmaleficence, beneficence, autonomy and justice can be seen to follow a realist understanding of human life. Pellegrino writes of autonomy, "Autonomy gets its status as a moral right of humans from the fact that human beings have the capacity to make rational judgments about their own lives, choices, and interests. Self-governance deserves respect because it is the way human beings actualize their powers of choice and choice is a distinctly human activity."³⁰ Consistent with our treatment of the vegetative and sensitive capacities and the impact on health care, Pellegrino writes, "...the very fact of illness physiologically or psychologically compromises the actual expression of autonomy to some degree....To restore autonomy, physicians must first attend to reversing these physiological and psychological impediments to the optimal exercise of autonomy."³¹

With Pellegrino we look more closely at the medical encounter and find there are two activities of doctoring. The first involves technical medical content and the objective, empirical methods of science. The second aspect of doctoring is moral in nature. It is a decision and action that is good for this particular patient that is good for the individual both medically, and as a human being. He writes, "Medicine comes into existence *qua* medicine only when scientific knowledge is focused on a decision that is good for a particular patient."³² These insights place human nature and human excellence as ethical action clearly in the center of the health care enterprise. Considering the immateriality of the human soul and its potential to survive the disintegration of the body, Pellegrino is right to be concerned with human destiny. Finally, we would do well to consider what he wrote about the internal morality of medicine concerning health and healing. He says, "Often, the meaning of the word health, namely 'making whole again', cannot be achieved, but much can still be done to restore harmony or physiological and psychological function. **To care, comfort, be present, help with coping, and to alleviate pain and suffering are healing acts as well as cure.** In this sense, healing can occur when the patient is dying even when cure is impossible. Palliative care is a

healing act adjusted to the good possible even in the face of the realities of an incurable illness. **Cure may be futile but care is never futile.**"³³

Conclusion

This paper has argued that a realist conception of knowledge and an Aristotelian-Thomistic perspective on human life can answer the challenge to provide from philosophical analysis a supporting structure for ethical practice within health care. We have considered the teachings of both Pellegrino and Wallace and shown how a medical ethics can emerge from a clear understanding of human nature as the shared form behind the medical act. From this ontological inquiry we have supported statements of ethical practice. It is surely the case that this work has not been exhaustive, but a movement toward a comprehensive philosophical ethics for health care grounded in the meaning of human life itself. Among the incomplete aspects opening the possibility of further research was the distinction between natural and artificial interventions and how this might impact decisions at the beginning and end of human life if one were to live in harmony with a sense of nature and human nature. We also left unexplored teleological aspects, seeking the good end of medicine and the meaning of the spiritual good as the transcendent end of human life.

References

1. This work was supported by a faculty Summer Research Grant from Wheeling Jesuit University.
2. "The Metamorphosis of Medical Ethics: a 30-year retrospective," *JAMA*, March 3, 1993 (269:9) 1158-1162. (p. 1162)
3. "The Internal Morality of Clinical Medicine: A Paradigm for the Ethics of the Helping and Healing Professions," *Journal of Medicine and Philosophy*, 2001, (26:6) 559-579. (p. 560)
4. *Ibid.*, p. 567.
5. "We must ascertain the ethical content of health and medical care philosophically first, and this calls for an enquiry into the two central principles of philosophical medical ethics—beneficence and justice—together with the obligations that flow from them. Then it is necessary to inquire into the

transformations of the meanings of benevolence and justice, their shaping by the fact of revelation. Finally, one can then examine the central question by using the Christian concept of charity-based justice as a principle of discernment in confronting some of the concrete issues in medical-care ethics today. With these as principles of discernment, the moral commitment of Christians to love and charity is translated into concrete acts, decisions, and choices in personal and social ethics." *Helping and Healing: Religious Commitment in Health Care*. Washington, D.C.: Georgetown University Press, 1997, p. 129.

6. This position is seen within Pellegrino's work in statements like the following: "Clinical medicine centers on the clinical encounter, the personal interaction between someone who is ill and someone who professes to be a healer. Certainly, health is the ultimate end for healing, but often the fullest functioning of the human body and mind are not attainable. A more proximate and immediate end toward restoration of the physiology and psychology disrupted by illness is to make a right and good decision for *this* patient." See note 1, p. 568.

7. "Toward a Reconstruction of Medical Morality," *The Journal of Medical Humanities and Bioethics*, Spring/Summer 1987 (8:1) 7-18. (p. 11)

8. Wallace has written extensively on human nature and the modeling of nature. See for example: *The Modeling of Nature: Philosophy of Science and Philosophy of Nature in Synthesis*. Washington, D.C.: The Catholic University of America Press, 1996; "Nature and Human Nature as the Norm in Medical Ethics." In *Catholic Perspectives on Medical Morals*, ed. E. D. Pellegrino, J. P. Langan, and J. C. Harvey. Dordrecht: Kluwer Academic Publishers, 1989, pp. 23-53; and "Nature as Animating: The Soul in the Human Sciences", *The Thomist*, 49,4 (October, 1985), 612-648.

9. "The engineer or the doctor is first a human being and then a professional person...Special moral problems are encountered in the exercise of the various professions in the present day, and these give rise to special fields of study within moral science, such as engineering ethics and medical ethics. But the findings at which these special studies arrive are intended to complement, not to replace those of individual or personal ethics." *The Modeling of Nature*, 186,7.

10. This content is anticipated in my article "The Philosophical Core of Imogene King's Behavioral System, in *Nursing Science Quarterly*, April 1999 (12:2) 158-163. Further content about nature and practical science may be found in my article "Human Nature as a Source of Practical Truth: Aristotelian-Thomistic Realism and the Practical Science of Nursing," *Nursing Philosophy*, April 2002 (3:1) 35-46.

11. Aristotle, *On the Soul*. In R. Mckeon (ed) *The Basic Works of Aristotle*. New York: Random House, 1941. pp. 535-603.

12. Wallace, 1996, pp.260-261.

13. 192b21-23 Translated by R. P. Hardie and R. K. Gaye, *Physica in The Basic Works of Aristotle*, Richard McKeon, editor. New York: Random House, 1941.
14. Wallace, W. A. *The Modeling of Nature: Philosophy of Science and Philosophy of Nature in Synthesis*. Washington, D. C.: The Catholic University of America Press, 1996, p. 46.
15. There has been much discussion of this issue within *Linacre Quarterly* including one in my name, "On the Beginning of Human Life," February 1998. See also, "Human Nature, Substantial Change, and Modern Science: Rethinking When a New Human Life Begins," *Proceedings of the American Catholic Philosophical Association*, Vol. LXXII, 1999, pp. 305-313.
16. See note 2 above.
17. See note 2 above and the author's work, "The Philosophical Core of Imogene King" noted in 4 above.
18. The reader is referred to Wallace's development of these ideas in *The Modeling of Nature*, pp.135-150, and 254-262.
19. Chapter Seven.
20. Wallace, 1996, p. 186.
21. 1105a30-33.
22. 1106b20-22.
23. *Nicomachean Ethics*, X, ch. 7 and 8.
24. A. Pegis (ed), *Introduction to St. Thomas Aquinas*. New York: Random House, 1948, p. 27
25. A few years ago, the maternal mRNA was found to be active in the cellular fluids outside of the nucleus. It participates in cleavage of the cytoplasm that surrounds the now replicated nucleus housing the new human genome. Within the last year, the paternal mRNA has been found active within the nucleus of the zygote and daughter cells. This content and other very helpful information may be found in the work of Derrick Rancourt, on the web site for "Virtual Embryo" http://www.ucalgary.ca/UofC/eduweb/virtualembryo/zygotic_control.html. Additionally, see note 9.
26. See for example, *A Theory for Nursing: Systems, Concepts, Process*. New York: John Wiley & sons. 1981; "King's theory of goal attainment," *Nursing Science Quarterly*, 5, 1992,19-26; The theory of goal attainment in research and

practice. *Nursing Science Quarterly*, 9, 61-66, 1996. In addition the reference at note 9.

27. Pellegrino wrote, "From the moral point of view, the autonomy and moral integrity of both physician and patient are to be respected." "Commentary: Value Neutrality, Moral Integrity, and the Physician," *Journal of Law, Medicine & Ethics*, 28 (2000): 78-80. (p. 79)

28. *Summa Theologica*, Questions 90-97.

29. "The Art and Science of Medicine," in *Catholic Perspectives on Medical Morals: Foundational Issues*, E.D. Pellegrino, J.P. Langan, and J.C. Harvey, eds. Dordrecht: Kluwer Academic Publishers, 1989, 263-275. (p. 269)

30. "Patient and Physician Autonomy: Conflicting Rights and Obligations in the Physician-Patient Relationship," *The Journal of Contemporary Health Law and Policy*, Spring 1994 (10:47) 47-68 (p. 48).

31. *Ibid.* p. 54.

32. "Science and Theology: From a Medical Perspective," *Linacre Quarterly*, November 1990, 19-34. (p. 23). See also, "Ethics and the Moral Center of the Medical Enterprise" *Bulletin of the New York Academy of Medicine*, July-August 1978 (54:7) 625-639.

33. See note 2, p. 568.