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The basics of Edmund D. Pellegrino's medical ethics

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Abstract:

Introduction: Edmund D. Pellegrino, one of the leading representatives of virtue ethics in medicine, after a deep analysis of different concepts of medical ethics and bioethics, with their weaknesses and limitations, proposes the return to Aristotelian teleology. In his numerous works devoted to the philosophy of medicine, he makes comprehensively developed and well-presented assumptions and postulates on ethics in medical practice. Strongly embedded in the concept of human nature, referring to the Hippocratic heritage, Thomism and Christian values, theory of ethics is an extremely interesting proposition and seems well suited to the challenges of modern medicine.

Objective: The aim of the article is to present a general outline of philosophical assumptions underlying Edmund D. Pellegrino's medical ethics concept. This outstanding philosopher of medicine, whose contribution to the development of this scientific field is impressive, focuses mainly on a detailed description and indication of sources of medicine and doctor's moral duties.

Conclusions: The work will briefly present fundamental issues for his concept of medical ethics: the nature of medicine and the nature of the doctor–patient relationship, as well as the concept of a good/virtuous? person. Additionally, factors shaping the relationship between a doctor and a sick person, such as the act of medicine, the act of profession and the fact of illness, will also be covered. These factors play a significant role in understanding the nature of the doctor–patient relationship and allow to accurately determine the telos of medicine.

Key words: Ethical Theory; Ethics, Medical; Medicine/standards; Moral Obligations

Introduction

Edmund D. Pellegrino (1920-2013), clinician and a philosopher, devoted his entire professional life not only to medical issues, but also to the reflection on the philosophy of medicine and medical ethics. Pellegrino dedicated the last decades of his life to bioethics and the philosophical foundation of medicine, achieving spectacular successes in this field. He was awarded on numerous occasions, he was highly appreciated as an outstanding scientist and an excellent didactic. E.D. Pellegrino was: the John Carroll Professor of Medicine and Medical Ethics and Professor Emeritus of Medicine and Medical Ethics at the Kennedy Institute of Ethics, Chairman of the President's Council on Bioethics in Washington (2005-2009), founding director of the Centre for Clinical Bioethics and the editor of *The Journal of Medicine and Philosophy*. In addition, he received 40 honorary scientific titles, authored over 600 scientific publications and co-authored 23 books on philosophy and medicine as well as medical ethics (Biesaga, 2003; Georgetown University, Center for Clinical Bioethics; Georgetown University; Smith II, 2014; Thomasma, 1990, 1997; Trinity International University, The Center for Bioethics & Human Dignity).

In order to understand the concept of medical ethics proposed by this outstanding researcher, it is necessary to analyse philosophical assumptions he adopted to formulate it. In order to be able to achieve the purpose of the article and for further considerations, it is necessary to refer to and present the nature of medicine and a good person, as well as the essence of the doctor–patient relationship. E. D. Pellegrino himself points out that various proposals of medical ethics that appeared at the turn of the centuries were the result of strictly defined assumptions precisely within the scope of understanding these three concepts (Pellegrino, Engelhardt, & Jotterand, 2008).

Nature of a good man

Considerations on the concept of medical ethics should begin with the analysis of the concept of a good person. Shaped by centuries and assuming different meanings, the term is the broadest source of ethics as it refers to every type of human activity, however, especially on the basis of these analysis, it is significant and impossible to omit (Biesaga, 2014; Pellegrino et al., 2008).

E. D. Pellegrino states that this term refers to various types of professions, including the profession of doctor or nurse. For hundreds of years, the Western civilization was cultivating the Hippocratic ethos of a good doctor and it became deeply rooted in education as well as in medical training. The oath, originating in the philosophical thought of ancient Greece, captures all wealth and expresses the most beautiful of the ideas promoted at the time. It is the effect of adopted principles aimed at achieving a happy and good life, social norms and a model of education. Strict recommendations regarding morality, behavior towards patients and their expectations and the scope of doctor's duties were later adopted as universal norms for the whole world of medicine. The student-master and the filial relationship were especially important. The patient's service understood as fraternal help resulting from the fatherhood of God, took on a religious character and after the rejection of pagan influences was assimilated by the followers of the great religions. Despite numerous cultural and social changes, especially those related to secularization, Hippocratic Oath shapes the face of modern medicine and sets the canon of behavior of a good doctor. Challenging traditional philosophical and religious assumptions in modern times has become one of the causes of the crisis of medical ethics. Nevertheless, at least for some of the representatives of the medical community, the religious context and the resulting sense of brotherhood still remain the main motivation for adopting professional ethics (Biesaga, 2006, 2014; Pellegrino et al., 2008; Pellegrino & Thomasma, 1981; Pellegrino, Thomasma, & Miller, 1996).

The nature of medicine

Another basis for medical ethics in E. D. Pellegrino's concept is the vision of medicine. The history of shaping the understanding of this field of human activity, similarly to the concepts of a virtuous person, has undergone numerous changes over centuries. Undoubtedly, however, in order to be able to make a full and accurate description of its definition, one must resort to ancient Greek thought. For it is impossible to consider the definition of medicine, omitting its reference to the Hippocratic heritage.

As it was indicated in the previous section, found in the Hippocratic Oath and in the resulting medical ethos, is the whole richness of thoughts of ancient Greek philosophers. According to

the then prevailing beliefs, medicine is the field of human activity, which is dictated to practice, therefore it should be included in *technê* (Davis, 1997; Pellegrino et al., 1996; Pellegrino et al., 2008). As maintained by the ancients, especially Socrates, Plato and Aristotle, the doctor's activity aimed at curing the patient, just like the carpenter's work, must follow specific rules and be preceded by the acquisition of appropriate competences, not only technical but also moral. If the craftsman's aim is to create a good table, he must not only undergo appropriate training, acquire knowledge and acquire certain skills as a result of practice - just like a doctor, he must also love his work to earn a good reputation. However, understanding the doctor as a craftsman who, thanks to proper performance of his work, gains respect and social authority was transformed by the influence of stoical philosophy and its duty ethics. E. D. Pellegrino emphasizes, however, that these changes did not weaken the privileged position of the doctor, which in turn inevitably led to paternalism (Biesaga, 2014; Pellegrino et al., 2008; Pellegrino & Thomasma, 1981).

History of medicine shows that numerous attempts have been made to change the tendency determined by the Hippocratic Oath in order to undermine the doctor's role. Medicine began to be seen as a vocation and mission. Starting from the views and treaties of Panajtios, Cicero and Scribonius Largus, then thanks to the works of Galen, Thomas Percival, and finally the guidelines of the American Medical Society (AMA), medicine eventually gained a slightly different character – it became a sacrifice, privilege and distinction. The second, accompanying humanistic approach, is the scientific concept of medicine, which was shaped in modern times by the work of Descartes, La Mettrie and Claude Bernard. The positivist proposal is associated with re-emphasizing the role of medical technologies and exact sciences, leading in consequence to reductionism and counter-modernity. The general system theory of Georg Engel was an attempt to overcome the limitations of the biomedical model, resulting from a scientistic concept of medicine and reducing medicine to biology. However, this project also has its flaws, because it reduces one existential dimension to another. E. D. Pellegrino summarizing these two proposals points to their basic problem: the difficulty in determining what medicine is and what is its purpose (Biesaga, 2014; Pellegrino et al., 2008; Pellegrino & Thomasma, 1981).

Understanding the stance of E. D. Pellegrino will facilitate the presentation of the last philosophical assumption of his concept of medical ethics. An in-depth analysis of the nature of the patient – doctor relationship allowed him to distinguish three factors affecting this relationship.

The nature of doctor–patient relationship

A proper understanding of the purpose of medicine and its nature is possible only by looking at the anthropological basis of the doctor – patient relationship. According to E. D. Pellegrino, it is necessary to draw attention to the specificity of the clinical encounter and related concepts such as: act of medicine, act of profession and fact of illness (Biesaga, 2003; Pellegrino et al., 2008). These three components of the relationship interact and strictly define that what is in its essence.

The fact of illness radically changes the existential situation of the person who is ill. Fear for one's own life, which arises as a result of observed deterioration of the health condition, will be determined as an illness by the patient. The patient is the person who feels sick, who experiences a deterioration of his/her situation and faces the fears resulting from these experiences. E. D. Pellegrino indicates that the condition experienced by the patient is a kind of ontological assault, a "wounded" humanity (Pellegrino et al., 2008). The disease targets our spiritual–physical unity and makes the body, which until the time of sickness served our goals, to become an obstacle and a limitation. Disease distorts not only the harmony between the dimensions of our existence, but also our own image, which previously maintained relative integrity. Along with the disease appear completely new unfavorable circumstances, disturbing and unwanted information about ourselves; information about our limitations and problems, including the risk of losing our lives. One of the most difficult problems, however, is the disruption of our deeply rooted freedom. The disease forces the patient to seek help from specialists who possess professional knowledge and skills that the patient lacks. It deprives the patient of autonomy and makes him vulnerable. This vulnerability axiom is a result of an unintentional and unwanted state – the patient has no choice but to surrender to the help of others. The doctors' and nurses' task is to reach out to the patient when he/she is experiencing this state of coercion and helplessness (Biesaga, 2014; Davis, 1997; Pellegrino et al., 2008; Pellegrino & Thomasma, 1981, 1993).

The act of profession, in turn, is a promise of help, which every nurse and every doctor undertakes. A certain complementarity is noticeable - someone who requires and seeks help, finds a person who promises that he will provide such help. E.D. Pellegrino explains that even the etymology of the word itself indicates that the act of profession is to make an official declaration, to clearly express commitment, announce loudly and publicly. He also points out that there is a significant difference between usual obligations appearing in other professions and medicine or nursing. In case of medical professionals, the decision is a fully conscious, voluntary commitment to the desire to undertake any activity serving the highest degree of this

commitment i.e. treatment. The act of profession, this form of public declaration, allows the patient to believe that a doctor or nurse is genuinely interested in providing help and showing sincere willingness to fulfill this task. It is also the basis for expectations that this help will be provided by a fully qualified and professionally trained expert. Inequalities in the patient–doctor relationship are caused by patient's lack of knowledge, competence and the inability to cope with the problem on one hand and the doctor's high qualifications and distance to pain and suffering on the other, which in turn, imposes specific obligation on the physician. The relationship is not based on a contract – the patient cannot be a partner because of his dependence and the overwhelming existential situation. The physician must restore the patient's broadly understood well-being, take into consideration life history and values (Biesaga, 2014; Pellegrino, 2002; Pellegrino et al., 2008; Pellegrino & Thomasma, 1981).

The final element of the doctor–patient relationship is act of medicine. This aspect applies strictly to the doctor's activities – making the right therapeutic decisions. Their goal is therefore to heal the patient and bring his/her health back, at the same time helping in retrieving that which was shaken – autonomy and harmony. In this context, it is very important to understand that the physician's activity should be aimed at finding the answer to the following questions. First question: "what is the problem?" involves the doctor's entire medical knowledge and allows the diagnosis to be based on the obtained data [8]. The second question: "what can be done to change the patient's situation?" refers strictly to medical ends i.e. doctor's right and good activities aimed at a particular patient [8]. The last question: "what ought to be done in this situation?" allows to choose from the whole range of possibilities provided by science, that which is appropriate and rational, to choose what will actually be good and beneficial for a particular patient (Pellegrino et al., 2008). Act of medicine requires the doctor's prudence, and a decisive moment is the moment of verification of his thoughtfulness and compassion (Pellegrino & Thomasma, 1993). Helping the patient through the treatment process, and the treatment process itself, requires authentic commitment so that after taking into account many medical variables and the specific and completely unique situation of the patient as well as through cooperation with the patient, it will be possible to undertake activities, which will be proper, righteous, consistent with medical knowledge and good at the same time - adequate to the situation, conforming to the patient. The act of medicine obliges the doctor to help the patient achieve the maximum of his illness caused lack of autonomy. The physician should thus provide information, present what is medically feasible and in his opinion good for the situation perceived by the patient, so that the patient can undergo a similar process to determine and choose what is right and good. This relation must take place in an atmosphere of mutual respect,

respect for the dignity and autonomy of each other (Biesaga, 2014; Pellegrino et al., 1996; Pellegrino et al., 2008; Pellegrino & Thomasma, 1981, 1993).

Summary

A general outline of the philosophical assumptions that underlie the concept of medical ethics proposed by E. D. Pellegrino shows how strongly embedded medical ethics is in Aristotle's teleology. The aim of medicine is good and right, healing and helping, all of which are subordinate to the wellbeing of the patient: "(...) the patient's good is a compound notion. It is not synonymous with the patient's medical good. Healing means <to make whole again>. (…) The concept of wholeness, together with its asymptotic attainment through relationship between, and among, persons is the specific end of medicine." (Pellegrino et al., 2008). The necessity to provide help in obtaining well-being, understood in such a manner, determines specific tasks of health care workers. Just like they, the patient should also look for that which is good for him and that which will allow him to develop his humanity in the currently experienced situation. The purpose of medicine, therefore, becomes a motive for action for both doctors and patients bonded by the doctor–patient relationship, "(…) joined by the realities of being ill, being healed, and professing to heal" (Pellegrino et al., 2008). Full implementation of this goal can only occur under appropriate conditions, which fullest and more comprehensive interpretation can be found in the concept of E.D. Pellegrino's medical ethics.

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