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978-1-107-01216-5 - Practicing Medicine and Ethics: Integrating Wisdom, Conscience, and Goals of Care

Lauris Christopher Kaldjian

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Practicing Medicine and Ethics

To practice medicine and ethics, physicians need wisdom and integrity to integrate scientific knowledge, patient preferences, their own moral commitments, and society's expectations. This work of integration requires that a physician pursue certain goals of care, determine moral priorities, and understand that conscience or integrity requires harmony among a person's beliefs, values, reasoning, actions, and identity. But the moral and religious pluralism of contemporary society makes this integration challenging and uncertain. How physicians treat patients will depend on the particular beliefs and values they and other health professionals bring to each instance of shared decision making. This book offers a framework for practical wisdom in medicine that addresses the need for integrity in the life of each health professional. In doing so, it acknowledges the challenge of moral pluralism and the need for moral dialogue and humility as professionals fulfill their obligations to patients, themselves, and society.

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LAURIS CHRISTOPHER KALDJIAN

University of Iowa



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For Heather and Anna

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Preface

To practice medicine and ethics, physicians need wisdom and integrity. These characteristics allow physicians to integrate the wide range of information and values that arise from scientific knowledge, patient preferences, their own moral commitments, and society's expectations. Learning to bring these domains together is an essential part of becoming a physician, and it determines the ethics that guides the care of patients.

The integration of these domains may seem obvious and effortless when medical practice proceeds smoothly on widely shared notions of health, health care, and professional standards. But the practice of medicine includes ethical challenges that arise from serious moral uncertainties and disagreements that disturb what might otherwise look like a calm sea of consensus. These challenges are exacerbated by the diversity of moral beliefs, values, and frameworks that pervade society and the medical profession. The moral pluralism created by these differences means that decision making shared by patients and physicians is influenced by an interplay of moral values that may include significant contrasts that create tensions and conflicts. Physicians need practical wisdom and integrity to navigate this morally diverse landscape and make ethics a meaningful part of shared decision making. Without wisdom and integrity, physicians will be at a loss to perceive, adjudicate between, and reconcile the competing moral claims that can arise during the process of clinical decision making – a process that fundamentally depends on the beliefs and values of the persons participating in it.

Some may assume that the medical profession cultivates wisdom and integrity among its members by promoting medical ethics. This assumption should be questioned in light of the variable ways medical ethics may be taught and discussed. Common approaches readily refer to technologies to be assessed, values to be considered, and persons to be respected – but

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they may miss what practical wisdom requires: that we must identify the *ends* worth pursuing through medicine before we can appropriately decide which medical *means* should be employed. Instead of identifying such ends, medical ethics typically moves quickly to discussions about guiding principles, likely consequences, and procedures to be followed in the absence of consensus about which principles and consequences should be given highest priority.

The ethics that tends to dominate the medical profession may also struggle with or neglect to reconcile different *approaches* to ethical reasoning, leaving some persons – especially reflective medical trainees – to wonder how they are supposed to find a way to weave together different sources of ethical value into a meaningful whole. Current renditions of medical ethics may also give insufficient attention to the contrasting *responsibilities* a physician experiences – to patients, to herself, and to society. In situations where these responsibilities are in tension or conflict, how is a physician supposed to proceed? How, for instance, is she supposed to reconcile respect for patient autonomy with concern for her own integrity or her obligations to society?

The need to reconcile different approaches and responsibilities points to the importance of the integration that practical wisdom entails. This kind of integration lies at the center of the framework for practical wisdom offered in this book, a framework that reaches back to the tradition of virtue ethics so that we can understand what ethics in medicine should encompass and what practical wisdom should mean. Virtue ethics focuses attention on moral ends; as a result, its relevance may be questionable in settings where consensus about moral ends is lacking. In medicine, however, virtue ethics carries considerable potential, since health-related goals – such as curing disease and providing comfort – enjoy broad consensus. The virtue of practical wisdom is of special relevance to medicine because it promotes practical responses that combine objective assessment and moral evaluation through deliberation focused on ends.

The essential role that ends play in virtue ethics reminds us that good decision making always has a goal in view, a goal that is presumed to be good and worthy of pursuit. Virtue ethics also points to character and motivation as essential complements to moral reasoning, and the relationship between moral character and moral reasoning invites careful consideration of integrity in the moral life. To gain a better understanding of integrity, this book explores the meaning of conscience and finds enough overlap between the two concepts to recommend that conscience and integrity be treated as interchangeable labels for a single moral domain.

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One of the dimensions of this domain is moral reasoning. This rational dimension has great implications for medicine and ethics, since it allows conscience or integrity to span the moral space between persons through moral dialogue. Another aspect of this domain is integration, an idea nicely embedded in the word *integrity*, indicating the need for a wholeness in the moral life that unifies beliefs, values, and actions. This need pushes against any suggestions that a physician's life can be split or compartmentalized into personal and professional domains.

The framework for practical wisdom offered in these pages centers on integrity as it reflects a person's need to harmonize the moral beliefs and values he holds to be important for making a decision. The framework also centers on integrity by reflecting a person's need to take responsibility for his own actions related to a decision. All persons are responsible for the ethics by which they act, and to take responsibility for an action is, in a sense, to authorize it on the basis of beliefs and values that reside at the center of integrity. Because it focuses on the moral lives of individuals in these ways, the framework proposed here is appropriately described as *integrity-centered*.

The problem of moral pluralism and its implications for medicine and ethics are pervasive themes in this book. Practical wisdom in medicine depends on the moral beliefs and values that clinicians bring to their professional work, and these beliefs and values will inevitably encounter what is, more or less, a pluralistic moral environment. How should physicians address moral differences among persons participating in shared decision making? What kinds of personal resources, interpersonal processes, and social arrangements may help facilitate shared decision making, professional cooperation, and conflict resolution in the midst of moral diversity? Can there be a morally neutral vantage point by which all parties in a decision can assume an objective perspective? The challenges of practicing medicine in a morally pluralistic setting invite us to wrestle with these questions.

Communication is another important theme, because it is essential to shared decision making and one of the most basic ways in which clinicians show respect for their patients. To communicate routine medical information accurately and understandably is challenging enough, but how and when should physicians communicate about the moral beliefs and values they rely on to guide decision making? Does communication about such beliefs and values benefit patients or physicians, or both? Should we expect someone who makes a conscience-based moral claim to communicate the moral reasons behind that claim? Can moral dialogue within

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a professional community help physicians calibrate their moral assessments in light of each other's moral assumptions, priorities, and practices? These types of questions arise as we consider the ethical importance of communication as a means of respecting others by explaining the reasons that motivate and justify our actions.

As a physician-ethicist at an academic medical center, I am involved in teaching, research, and patient care. In my clinical work I practice general internal medicine, which is sometimes referred to as primary care for adults. Because of my background in medicine, I take special interest in the needs and responsibilities of physicians. That said, the issues addressed in this book are relevant to all health professionals. Nurses, physician assistants, pharmacists, and others have the same needs as physicians for an integrated approach to clinical care and ethics, even if their role-specific responsibilities differ. To acknowledge this broad relevance, I sometimes use inclusive categories, such as *clinician* and *health professional*, as the occupational frame of reference.

I hope the concerns addressed in this book will be of interest to health professionals, ethicists, educators, administrators, and persons involved in health policy. I also hope these issues will be meaningful to people without a formal background in health care but who are nevertheless interested in how health care decisions are made and how moral beliefs and values influence those decisions. All of us are or will be patients, and we should consider how the beliefs and values of our health care providers affect the care we and our loved ones receive.

It may help the reader if I explain briefly how this book is organized. Its ten chapters can be divided into four parts. The first part comprises Chapters 1–3. Together they provide a backdrop describing medicine as a goal-directed moral practice, virtue ethics as a vitally important way of understanding what moral resources health professionals need for participating in that practice, and practical wisdom as an ancient virtue with direct contemporary relevance to clinical decision making. The second part comprises Chapters 4–6. Drawing from ancient and modern sources, they present conscience as a multidimensional way of understanding what matters most in the moral life; moral integrity as a matter of integrating beliefs, values, reasoning, actions, and identity; and grounds for viewing conscience and integrity as largely interchangeable. Chapters 7–9 make up the third part and address the significance of moral integrity for health professionals in light of the moral and religious pluralism that marks Western society and medical practice. The last part is Chapter 10. It draws from the preceding nine chapters to offer an integrity-centered

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framework for practical wisdom in medicine, suggest ways of fostering practical wisdom amid moral pluralism, and illustrate some of the implications of practical wisdom for clinical practice. To assist the reader, I provide summaries at the end of each of the first nine chapters. Those who prefer to proceed quickly to the framework for practical wisdom can use these nine summaries as abbreviated stepping stones to Chapter 10.

To aspire to practical wisdom in medicine is a great goal. It is also a great challenge, due to the personal demands of acquiring a valuable skill and the moral cross-currents of a pluralistic society. Meeting this challenge requires a constellation of attitudes and habits that promote careful observation, clear reasoning, respectful communication, goals of care, and abiding moral commitments. It requires us to acknowledge the foundational beliefs and values that drive our thinking, speaking, and acting. And it invites us to consider the interdependence between wisdom, integrity, and identity. If we neglect these concerns, ethics will be uprooted from the moral foundations that reflect what each of us holds, at the end of the day, to be real and good. Such neglect does no one a service. But if we engage these concerns, we will be in a better position to understand what wisdom and integrity mean for shared decision making in medicine and how vital they are for health professionals and the patients they serve.