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INTRODUCTION

In Plato's *The Republic*, Glaucon resorts to a thought experiment and introduces the legend of the ring of Gyges whereby a shepherd comes into possession of a ring that makes him invisible. Armed with this power, he starts to act unjustly. He seduces the queen, murders the king, and seizes the throne.¹ Fearless of reprisals, he demonstrates that even a just man might behave unjustly, rendering his actions unseen and unpunished. With this myth, Plato illustrated an important and eternal truth around which this book revolves: the good person will do the right thing regardless of punishment or reward.

Applied to the practice of medicine, one can argue that the same pertains to the fine physician. She will be the kind of physician who will do what is right even when there is no one to judge her. Several forces make this ideal difficult to reach, the same forces that attack what has come to be known as medical professionalism: market forces, personal corruption, the economic situation, to mention but a few. Nonetheless, it is my contention that although this ideal is difficult to achieve, it is not an impossibility, for idealism may be seen as another face of realism. One way to achieve it is by nurturing good and virtuous physicians who acknowledge that the profession of medicine will have to work by a new formula: $m=ec^2$, namely, that medicine is about empathy, care, and cure.

This book attempts to address this issue, raising the following question: what can medical schools do in order to ensure that their graduates will possess a fine character? Put differently, what can medical schools do to graduate physicians who will serve the ends of medicine as a profession, not a trade, and who will *do the right thing even when no one is looking*? Although this book stresses the importance of virtues and their development in the neophyte physician, it is not a book on virtue ethics. Rather it is a work on the moral education of the neophyte physician. Throughout the book, I have assumed the general setting of the US educational system and in particular its use in Lebanon.

Chapter one presents a view of medicine as a moral endeavor based on a covenant of trust and argues that ethics and virtues are essential for the making of a fine physician. In this chapter, I discuss some of the basic ideas of Edmund Pellegrino about the ends of medicine being “internal” to the profession. Starting from this assumption, it follows that medical

¹ Plato, *The Republic*, trans. Francis MacDonald Cornford (Oxford: Oxford University Press, 1942), 43–44.

schools need to educate students of medicine in ethics and virtues.

Chapter two begins by briefly presenting Aristotle's virtue ethics and the role that they can and perhaps should play in the moral development of medical students during their years of training in medical schools. Thus I argue that virtue ethics play an important role in the formation of the good neophyte physician who will eventually *do the right thing even when no one is looking*. I maintain that if virtue is to be taught, physicians in training need good role models, and medical schools need to provide an organizational structure and a culture that allow for the growth of virtues.

Chapter three tackles the main theme of education: If medical students are to be trained in the virtues, which curricular reforms would achieve this? Accordingly, this chapter begins by looking at the different types of curricula that play a role in the making of the future physician. It shows that the hidden curriculum is far too important to be neglected and, as such, plays a crucial role in ensuring that changes take place in the right direction and that moral erosion of future physicians will be avoided.²

Chapter four deals with the issue of whether medical schools, in addition to enacting curricular reform, can ensure that their graduates will actually do the right thing; that they will concern themselves with the "internal ends" of medicine. I argue that this can be done mostly by working with veteran physicians who will serve as role models and mentors in an appropriate institutional culture. Hence, this chapter offers suggestions that can be taken up by medical schools in the hope of being able to graduate virtuous physicians, recommending what I call a *post-Flexnerian revolution*.

To summarize, almost all medical schools offer their students clinical training that prepares them to become skilled medical practitioners. This book argues that medical schools need to do more than that. They should also offer their students character training that will equip them to become good medical doctors whose character will drive them to act virtuously, whether or not anyone is looking.

² The hidden curriculum will be discussed further in chapter 3.

Chapter 1: MEDICINE AS A MORAL ENDEAVOR

Every art and every inquiry, and similarly every action and pursuit, is thought to aim at some good; and for this reason the good has rightly been declared to be that at which all things aim.
—Aristotle, *Nicomachean Ethics* (1947, 308)

In *The Death of Ivan Ilych*, Tolstoy recounts the story of a man living his last days, preoccupied with the thoughts that he has not lived the successful life he thought he ought to have lived, that most of his life has been a lie. At one point, Ivan falls sick and is advised to visit a famous physician, but the visit does not go well. At the end of the visit, Ivan, the patient, says nothing, but he “. . . rose, placed the doctor’s fee on the table, and remarked with a sigh: ‘We sick people probably often ask inappropriate questions. But tell me, in general, is this complaint dangerous, or not?’” (Tolstoy 1967, 271). The facts are that when the physician first met the patient, “he put on just the same air towards him as he himself put on towards an accused person” (1967, 270). He assumed an air of distance and indifference, and treated Ivan impersonally, as a disease or a number, while for Ivan this illness was something that affected his inner being. His experience of pain and mortality had shattered his being. Yet, the physician, though skilled and renowned, ignored that part of him—his inner being. Indeed, something in the physician was wanting. Precisely for this reason, Ivan could not be healed under his care. Ivan’s physician-patient experience represented a clinical encounter that failed to provide what is needed for a good healing relationship. The patient was powerless in the face of a physician who was uncaring.

In this chapter, I argue that medicine is intrinsically a moral endeavor, and hence ethics and virtues are vital for the making of any physician, let alone a fine one.³ It follows from this that medical schools need to educate students of medicine in ethics and virtues. Virtues must be internalized to become second nature to the medical student. This is how the

³ In this book, the terms “ethics” and “morals” are used interchangeably. It is my contention that a physician deserves to be called such only if she is ethical and follows the appropriate norms of her profession; otherwise, she is, at best, a qualified and skilled medical technician.

“ends of medicine” will be met and the profession of medicine safeguarded. Assuming that medicine is a moral enterprise, I present the views of Edmund Pellegrino regarding the ends of medicine,⁴ offering a critique of them whenever his arguments are inconsistent. I also discuss the importance of trust in the physician-patient relationship and argue that trust is a quintessential part of this relationship, which has been damaged in the course of modern-day medical practices. The development of good character in the physician is essential in order to salvage the clinical encounter from serious breakdown.

1.1. Why Edmund Pellegrino?

Among the most prominent thinkers who have written about the ends of medicine are Howard Brody and Franklin G. Miller, and Robert M. Veatch. Yet, my decision to focus on the views of Edmund Pellegrino is precisely because, in addition to being a physician, he has spent a lifetime as a philosopher of medicine and his philosophy is based on reflections on years of practice. He has interacted with numerous patients and healthcare workers and has spent a considerable amount of time reflecting on the role of the healer from the perspective of a practicing physician. In doing so, he has managed to bridge the gap between theory and practice. Moreover, his concerns and research questions are the same ones I have often reflected on while considering what is happening in practice. For both of us, medicine is an art as well as a science, a moral enterprise that cannot be entirely isolated from the humanities. Ultimately, what is most needed to safeguard medicine from an impending downfall hastened by rapidly developing scientific technology is the commitment to the making of a humane physician; I largely share his views. Most importantly, while writing about what ought to be, Pellegrino starts from a reflection on the realities of medicine, arguing that we should be mindful of blind utopianism. Thus, one of the main strengths of his thinking lies in the fact that, unlike philosophers whose work is mainly theoretical, his ideas are actually based on real life practice. He has worked with suffering patients, held the stethoscope, felt the vulnerability and the anguish of patients, experienced the duties and the tensions, and reflected on all these matters. A philosopher who speculates and makes arguments, however strong, out of pure a priori analysis detached from the realities of

⁴ This concept will be expanded on later in this chapter.

everyday life cannot be more convincing than Pellegrino, whose philosophical reflections are grounded in what he has lived. I say this firmly because my work on the wards and my interactions with members of the healthcare teams as well as with patients and families have allowed me to see matters differently than I might have if the matter had been purely theoretical.

We live in times when we cannot afford speculation and incantations. We need reflections based on facts and empirical findings, and this is precisely what Pellegrino's reflections offer. More importantly, such thoughts are a requisite characteristic of medical ethics, a branch of practical ethics that distinguishes it from pure theoretical ethics and abstract philosophy. When asked, "How do you know?" Pellegrino's response is: "I've been there."

1.2. Medicine as a Moral Enterprise

Let me begin with a true story: Mrs. A was ready for a normal vaginal delivery and everything was progressing smoothly. The attending physician, the resident doctor, and a third-year medical student were gathered around the patient. Suddenly, the attending physician asked the nurse to get a pair of forceps and started explaining to the resident how a baby is delivered using that instrument. The student, sensitive to issues pertaining to ethics and the rights of patients, dared to ask the attending physician about the reason for resorting to a nonindicated forceps delivery. The reply was plain: the resident had never delivered by forceps and the attending physician wanted to teach him. This was, after all, a teaching hospital. Neither the mother nor the father had an idea of what was happening. After the procedure was over, the note on the medical chart indicated "normal vaginal delivery." One cannot but ponder whether medicine in such cases is seen as a purely scientific activity isolated from ethical issues.

In addition to the fact that both mother and newborn were exposed to medical risks that could have been avoided, several other ethical issues arise. The one that baffled the student most was that this obstetrician previously had lectured them about ethics and the importance of putting the interest of patients first. Looking back at the old days of Hippocrates, Galen, Percival, Avicenna, al-Ruhawi, al-Razi and others, medicine and ethics