

Book reviews

The virtues in medical practice

Edmund D Pellegrino and David C Thomasma, Oxford, Oxford University Press, 1993, 205 pages, £25.00

The book arises out of the authors' strong conviction that virtue is an irreducible element in medical ethics because of the special relationship between the doctor and the patient. The essence of this relationship lies in the doctor's commitment to curing, and caring for, the patient, which constitutes the very goal of medicine.

The authors argue that what they refer to as 'principle-based ethics', although valuable, does not take sufficient account of the moral character of the agent so that 'virtue ethics' is needed to supplement and enrich it. The character of the doctor is vitally important in medical practice since possessing virtue influences his or her moral deliberation. To a 'virtuous' person certain options in moral choices are simply ruled out. The largest part of the book is an examination of the virtues that, the authors maintain, a doctor should possess: fidelity to trust, compassion, prudence, justice, temperance, integrity and self-effacement.

To what extent do doctors today possess these virtues? The authors' answer (which is based mainly on their appraisal of American experience) is rather alarmist. They talk about 'the moral malaise of the professions' or the 'erosion of virtue'. One wonders to what extent they are right in stating that 'The medical profession today is afflicted by a siege mentality' (page 39), where the attacking hostile forces are mainly economic self-interest and competitiveness, which turn physicians into businessmen and entrepreneurs and often lead to morally questionable practices that compromise the good of the patients.

'Never has there been more confusion about who and what it is to be a physician' (page 154), the authors conclude.

The main message of the book is its call for the resuscitation of virtue and the restoration of the moral force of the medical community. 'Despite significant evidence of the breakdown of Western civilization, sufficient pockets of decency still remain to encourage us to promote the ideals of virtue' (page 115). Those ideals will be promoted if there is more emphasis on the moral (as distinct from purely technical) education of health care professionals. In reference to a famous ancient debate about whether virtue can be taught, the authors argue that it can and ought to be taught. This is best done by the example that a 'virtuous' physician provides to those around him. But teaching ethics as a separate subject is also essential and the authors are strongly in favour of making ethics a regular part of the curriculum in medical schools.

'Virtuous' physicians – the authors believe – will oppose cheating, neglect, dishonesty, and scientific fraud. 'They will refuse to "dump" the patient who cannot pay; they will refuse to discharge the patient before he is ready; they will refuse to act as society's fiscal agent; they will refuse to be seduced by the profits of investments and ownership of health facilities or bonuses for denying or delaying needed care ...' (page 157). They will exclude from their community those who violate the principles of professional morality.

But will they know what stand to take on such complex issues as euthanasia, abortion or the new reproductive techniques? Here the authors emphasize that 'virtue ethics' does not tell us how to resolve specific moral dilemmas. Its main aim is to increase moral sensitivity and responsibility or, as they might like to say, to enlarge 'pockets of decency'.

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The troubled dream of life: living with mortality

Daniel Callahan, New York, Simon and Schuster, 1993, 255 pages, \$21.00

"The patients would see that the doctor gave them up", a Confederate [field hospital] steward recalled [after the American Civil War], "and would ask me about it. I would tell them the truth. I told one man that and he asked 'How long?' I said 'Not over twenty minutes'. He did not show any fear. They never do. He put his hand up so and closed his eyes with his own fingers and he stretched himself out and crossed his arms over his breast. 'Now fix me', he said. I pinned the toes of his stockings together. That was the way we lay corpses out, and he died in a few minutes. His face looked as pleasant as if he was asleep. And many is the time the boys have fixed themselves that way before they died'.

Daniel Callahan's *The Troubled Dream of Life* asks how have we come to lose that 'tameness' in death, as Philippe Aries termed it, and whether we have been disappointed in our efforts to substitute more modern forms of control over our way of dying, such as advance directives. '[We] chose "choice" about death ... as the new, supposedly liberating focus. That was, at the time, a perfectly reasonable response. Many people were in fact being denied a right to have treatment terminated, and a corrective was needed.'

But recent large-scale research such as the SUPPORT project, run at