

## **Philosophy and Medicine: The need for Practical Ethics**

Leo Tolstoy, the nineteenth century Russian novelist, was fond of poking fun at physicians: they assumed an air of confidence and pretended to know all that need to be known about the patient's condition, when in fact they were ignorant. Apparently, Tolstoy believed that medicine was far from being an exact science; and he ridiculed the medical practitioner who behaved as if medicine has achieved the status of an exact science. Albert Camus, the twentieth century French novelist, has far more respect for the physician. Indeed, the 'hero' of his novel, *La Peste*, is a physician. Camus chooses Dr. Rieux to play the role of hero not because the good Doctor, as a physician and scientist, will be able to successfully combat the disease and rid his city from the plague with which it has been stricken. The physician, by virtue of his constant day-to-day contact with the suffering and the dying, comes to identifying with the helpless victims and to have compassion for them. This is in contrast to the bookish theologian and scholar, Father Paneloux, who argues (too logically) in a sermon that he gave at the outset of the plague: God has stricken you, citizens of Oran, with the plague; God is just; therefore you deserve your punishment.

The object of this short paper is to briefly explore the relation between Philosophy and Medicine, not to discuss the relation between Literature and Medicine. However, the attitudes of Tolstoy and Camus towards the physician provide a useful introduction to the remarks about the relation between Philosophy and Medicine that I will make in this presentation. If Tolstoy were to write his novels at the present time, it would prove to be extremely difficult for him to poke fun at the Physician. Because of the remarkable and dramatic progress that medical science and medical technology have made since the time of Tolstoy, we now view them with admiration (even with awe), not with disrespect or ridicule. Ironically, however, it is by virtue of the physician success as a scientist that being a good scientist will no longer guarantee that the physician will be a good physician. In order to be a good physician, the physician has now to learn to be a good philosopher. There seem to be no end to the specialties and sub-specialties that characteristically physicians are willing to learn. This is a credit to the endurance, discipline, and competence of many physicians. But will this additional 'philosophical' specialty (that has been inescapably thrust upon the profession by the profession's own success) prove to be a pill that is too bitter to swallow?!

The history of science clearly illustrates that, to a very considerable degree, progress has been achieved in the various sciences, especially in the natural sciences. With the exception of Logic, the same may not, correctly, be said of Philosophy. Aristotle's views on Biology are part of the history of Biology but are not taught as part of our scientific 'body of knowledge' in the field of Biology. However, Aristotle's views and theories in the areas of ethics and politics are still very much alive and constitute an important part of contemporary debates in moral and political philosophy. This apparent incongruity is often explained by observing that the systematic study of natural phenomena may lead to the development of a science, but there can be no such thing as a "science of values."

Students of medicine are trained to become scientists. Professionals whose training has been predominantly “scientific” tend to avoid “philosophical” questions. They are, understandably, more comfortable when dealing with “facts” than they are when dealing with “values”. Yet, people in the medical profession (whether they are practitioners or researchers) must learn how to deal with the various philosophical and normative questions with which they are now routinely confronted in their clinics or laboratories. The preparation of medical students to deal with these philosophical and normative questions should become an important and integral part of their education and of their training as professionals. Schools of medicine and medical centers all over the world have begun to incorporate into their programs various types of courses, seminars, and symposia on medical ethics in an attempt to provide students, practitioners, and researchers, with what they judge to be an essential component of their education.

It is perhaps too early to determine the extent to which, if at all, courses on medical ethics achieve the purpose for which they were established and taught. But we must keep trying; and if we fail, we should try to learn from our mistakes and then try again. We will continue to face moral issues and moral problems, and we will continue to disgrace on how these problems may be resolved. Admittedly, moral disagreements cannot be scientifically resolved; but we can, and we should, reason about them. Failure to resolve moral disagreements through the employment of reason will result in the resort to non-rational means of resolving conflicts.

Philosophy, as a discipline and a tradition, could contribute significantly to the success and effectiveness of courses on medical ethics. Medical practitioners and researchers are now far more interested in learning about philosophy and philosophical analysis than they ever were in the past. This interest in philosophy has been generated by the need to resolve moral issues and dilemmas for which members of the medical profession must find solutions. Similar situations have occurred in the past. A community torn apart, in the grip of crisis, will seek to soften the shrillness of the debate and listen, more attentively, to the voice of reason. Of course reason may speak in many voices, and may, occasionally, contribute to the shrillness of the debate. But in the long run appeals to the court of reason have a sobering effect upon the disputants. Appeals to reason will not guarantee unanimity, but when the debate is resumed, it will most likely be conducted with greater civility and greater respect for the point of view of the other.

During the peak of the involvement of the United States of America in the war in South East Asia, students at American Universities (who otherwise would not have had any interest in philosophy) discovered the ‘relevance’ of certain philosophical texts. I was, at that time, teaching philosophy at a college in the ‘Midwestern’ region of the USA. Plato’s dialogue, the *Crito*, was suddenly ‘relevant’. In that dialogue Socrates argues that under certain conditions the citizen incurs an obligation to obey the laws of a democratic state, an obligation which the citizen must continue to take seriously even when the citizen disagrees with the state. Henry David Thoreau’s essay, *On the Duty of Civil Disobedience*, was clearly very ‘relevant’ and ‘contemporary’. In that essay Thoreau argues that the citizen has no obligation to obey a state which is guilty of systematically

perpetuating injustice. Thoreau went further and argued that the citizen has a duty to civilly disobey such a state.

The moral issues confronting practitioners and researchers in the medical profession are complex and must be addressed. There is a need to be enlightened. Let us assume that there is also a willingness to be enlightened. What does philosophy have to offer?

At the methodological level a person who is trained in philosophical analysis will seek to achieve clarity. Before we attempt to resolve a disagreement we should clearly establish what it is that we disagree about. Is it the disagreement about principles or values, or is it a disagreement about facts, or perhaps both? Once we identify the nature of the disagreement, we will stand a better chance of adopting the method which is appropriate for its resolution. Further empirical investigation or scientific inquiry may help us resolve disagreements about facts, but such investigations and inquiries will prove useless for the purpose of resolving disagreements about values.

We should also make sure that we agree on the criteria for the applicability of certain crucial terms such as 'terminal', 'irreversible', 'dead', 'alive', etc... Unless physicians agree on the criteria for the applicability of such terms, they will not agree on what will constitute a medically correct description of the condition of the patient. Disagreements about the meanings of terms such as the term 'person' may not be simply a matter of semantics; such disagreements are likely to be rooted in competing normative definitions or accounts of what it should mean to be a person. Such 'definitions' often turn out to be an expression, or an embodiment, of full-fledged moral theories.

At what point does a person cease to be a person? Is there a minimum level of 'quality of life' below which the life of a human being should no longer be sustained? And when this minimum level, this floor below which no person should be allowed to sink, is reached, what course of action should then be followed? To determine the appropriate course of action, the physician should be able to distinguish between 'action' as opposed to 'omission', 'withholding treatment' as opposed to 'withdrawing treatment', 'killing' as opposed to 'letting die'.

The approach to the teaching of medical ethics is a case oriented approach. Besides agreeing on the correct medical description of the condition of the patient in a particular case, it is very important that the physician (or prospective physician) be able to identify and list all the morally relevant considerations. The process of assigning relative weights or values to the various morally relevant considerations will then ensue. It is important at this second stage that participants defend and justify their assignments of value. At each of these two stages (the stage of identifying the morally relevant considerations and the stage of determining their respective values) the participants in the medical ethics class or seminar will become more vividly aware of their own preferences and the reasons for holding these preferences. They will also become aware of the preferences of their classmates or colleagues. More importantly, they will have a chance to understand, and to critically examine, the arguments presented by their classmates or colleagues in defense of their preferences.

The contribution of Philosophy to a course on medical ethics is not only methodological. Concepts such as autonomy, dignity, utility, justice, right, duty, obligation, etc..., have been discussed and elaborated by many of the best thinkers in the philosophical tradition. A degree of familiarity with the various accounts of the nature of moral obligation that major philosophers presented and defended will most likely enrich and inform the discussion of ethical issues that medical practitioners confront. Should medical students (many of whom are already overwhelmed by the enormous amount of study and preparation demanded of them) be required to read philosophers such as Kant, Rousseau, or Mill? Of course it would be desirable if students in medical ethic courses were to read selected texts from the writings of such philosophers; but is it necessary? The emphasis should perhaps be placed on some of the important questions that philosophers raised and addressed and on the alternative ways of answering these questions. Why are we, as moral agents, under an obligation to keep our promises? Why should the autonomy of the human person be respected? Are there conditions under which it would be justifiable to limit the freedom, and the autonomy, of the individual for the good of society or for the individual's own good?

Courses on medical ethics, as well as courses on environmental ethics, or business ethics, ... have recently been described as courses on 'practical ethics'. Of course ethics is essentially practical and can never be entirely theoretical. A normative ethical theory is an attempt to systematically explain and justify a norm, standard, or criterion (or a set of norms, standards, or criteria) by reference to which we can determine what our moral obligations and duties are; a normative ethical theory should also help us determine how conflicts of moral obligations ought to be resolved. Thus the objective of a normative ethical theory is to help moral agents determine what they should do and what they should not do. The moral philosopher employs reason for practical purposes. The German philosopher Immanuel Kant entitled his major work on moral philosophy: *The Critique of Practical Reason*. The book is intended as a contribution to moral philosophy; therefore, it is a critique of the practical employment of reason.

If ethics, by definition, is practical, it should then be redundant to designate a course as a course on 'practical ethics', or to label a book as a book in the field of 'practical ethics'. However, the use of the adjective 'practical' seems to indicate an intention to focus on a particular profession, or institution, or field of human activity, or sector of society, and then to identify the sorts of problems that arise and decisions that need to be made which have important ethical dimensions and implications. It is usually an 'emergent' situation: the problems that need to be resolved either did not exist before, or, if they did, they were rarely confronted. The issues that need to be resolved are momentous and the consequences of what we choose to do or not to do are grave and serious. The problems arise frequently; and by not attending to them, or by delaying action, they are aggravated. The extensive use of highly developed technologies is responsible for many of the 'emergent' situations that we now confront. The effect of high technology on the environment is a case in point. As we enter the twenty first century, it would be ridiculous (and totally unrealistic) to call for 'detechnolization'. Technology is here to stay. It will stay not only because it is one of the greatest achievements of the human species, but also because it has in many ways improved the quality of our lives. But even

if the effect of technology on the quality of our lives is unwholesome, technology has become an addiction of which we are incapable of ridding ourselves. Whether technology is an addiction or not, the obvious and inescapable conclusion is that we have to learn to use technology in a more responsible and more intelligent way.

Skepticism about the usefulness of practical ethics understandably persists. The skeptic maintains that even if the philosopher were to succeed in identifying the ethical implications of the uses of technology, the philosopher should not be expected to find, or help us find, solutions to these problems. The presumption here is that the lack of progress in philosophy disqualifies the philosopher from playing any significant role in the resolution of the complex problems that practical ethics addresses. The philosophers are advised to set their own house in order before they venture into the public domain. There is also a 'romantic' view of the philosopher. To illustrate this romantic conception of the role of the philosopher it might be useful to draw an analogy between the philosopher and Dr. Rieux, Camus' 'hero' in *La Peste*. The philosopher will be viewed as a person who is fighting a losing battle, but who, nevertheless, remains defiant and refuses to surrender. The odds are stacked against him, but he fights on. He is capable of great compassion. He cares for the victims and identifies with them. For him every groan, every shriek, every gasp, every death is unique.

In their own ways both the view of the Skeptic and the view of the Romantic are equally unflattering for the philosopher. It is not true that there has been no progress in moral philosophy. The concept of people as equal, rational beings; the concept of the person as possessing rights that are his simply by virtue of his being human; the concept of the person as an end in himself, possessing dignity and autonomy; these conceptions of the human person clearly represent progress that is already reflected in many of our moral, political, and legal institutions. We still have a long way before we can claim that this image of what it means to be human has been securely implemented.

The remarks that I have made in this brief presentation do not constitute, nor were they intended to constitute, a contribution toward the resolution of a specific problem or issue that arises in medical ethics. These remarks are essentially a plea that we should all reason together, irrespective of the discipline to which we may happen to belong. I have argued that philosophy has an important contribution to make in this regard. Philosophy is, above all, a critical examination of our beliefs and values. This is the Socratic conception of philosophy. The Socratic spirit must be kept alive. This spirit has not been rendered obsolete by the progress of science, nor has it been replaced by the advance of technology. Science and technology should remain shining expressions of the creativity of the human mind and spirit. However, unless guided and inspired by ethical considerations and by a vision of the human person as possessing inherent worth, dignity and autonomy, science and technology will bring about the demise of the human mind and spirit.

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