

Philosophical Medical Ethics.

The unchanging virtues in the changing world: The fundamental qualities to be a “Good” Physician in the light of aristotle’s ethics

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Abstract

Medicine, in the modern world, is perpetually developing and changing in parallel with scientific advances, developing technology, new researches, explorations and inventions. While the methods, vehicles and also diseases are evolving, the essence and fundamental qualities for being a “good” physician in the context of virtues originated from Ancient moral philosophy keep still their worth. In this study, Aristotle’s books written on ethics- such as *the Nicomachean Ethics*, *Magna Moralia*, *Eudemian Ethics* and *Ethics*- were reviewed and the virtues that the physician ought to have syllogized from them. The virtues, which the physician ought to have in all processes of medical practice as well as patient-physician relationship, are wisdom, temperance, justice, good sense (*gnome*), understanding (*synesis*), intelligence (*nous*) and experience. The virtues could be assessed as the combination of theoretical reason/wisdom (*sophia*), practical reason (*phronesis*) and *techne* in sense of the art of medicine as the combination of basic moral and intellectual virtues as well as good trait. The virtues originated and continued from Ancient time to the present as universal and unchanging qualities could a physician make “excellence-oriented” and hence “good” in professional and moral sense. It is the main point that the maintenance of the unchanging values to be a “good” physician reaching the excellence in the changing world by means of advancements in science and technology.

Keywords: Aristotle, Ethics, Eudemian Ethics, “good” physician, good trait, Nicomachean Ethics, Magna Moralia, medical ethics, unchanging virtues

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Introduction

As is also understood from Pellegrino’s “Medicine is the most humane of sciences, the most empiric of arts, and the most scientific of humanities,” medicine is a combination of science, art and humanities including each trivet [1]. Especially the humanitarian character of medicine involves patient-physician relationship, (bio)medical ethics, and values of the patient and physician, ethical principles obeyed by the physicians, moral behaviour model of the physician having the certain qualities to be a “good” in the professional and ethical context. In other words, it would be inferred from the view that to be a “good” physician is also to be a “virtuous” physician. In this context, the sentences “It is easy enough to know the meaning of honey, and

wine, and hellebore, and cautery, and the knife, but to know how, and to whom, and when they must be applied in order to produce health” of Aristotle in the Nicomachean Ethics imply what main qualities are to be a “good” physician [2: 1883; 15]. He also implies the main qualities as virtues by analogy with the physician’s practices in Magna Moralia, the Ethics and Eudemian Ethics, and in the other books, on occasion. According to him, a physician ought to have medical knowledge without any insufficiency, rationalize well (hear the case right), be temperate, be just and have experience. They can also be called as *nous*, *sophia*, *techne* and *phronesis*.

Aristotelian ethics is not merely theoretical but also practical because there are two kinds of virtue as

“intellectual virtue” and “moral virtue” in accordance with the nature of medicine. Wisdom, understanding and prudence are intellectual virtues; on the other hand liberality and temperance are moral virtues. Given discrimination indicates that human being can be morally evaluated as “good” or “bad” based on his activity, repeated action/behaviour as a character trait [2]. Aristotelian ethical theory involving faculties of the human being as a whole with his intellect, character, emotion and act for professional and ethical “excellence” of him. Furthermore, the presence of moral values provides the patient to have good, moral and humanitarian health care services by right decision and good conduct of the physician in professional and ethical sense. And patient-physician relationship implies to the need beyond the desire; notion of the need is implicit in “absolute” sense; absolute necessity [3,4]. So, what are the absolute necessities of the physician? Having professional excellence, gaining the end of healing; making the correct and timely diagnosis, determining the most appropriate treatment method and medicine(s), establishing effective relationship with the patient are among the physician’s absolute professional necessities.

The fundamental qualities to be a “good” physician

The fundamental qualities would be classified under five main headings such as (a) having adequate medical knowledge/theoretical reason; wisdom (*sophia*), (b) rationalizing well/ practical reason (*phronesis*), (c) being temperate/temperance, (d) being just/justice and (e) having experience/art (*techne*). Firstly, in sense of having adequate medical knowledge/theoretical reason, the physician ought to know the (anatomical) structure and functions of the human body and each organ system; causes and symptoms of the diseases, and the most appropriate treatment method; content of food and medicines, usage patterns, risks and benefits of the medicines; the rules, conditions and methods necessary for the disease prevention and health protection. Secondly, in the context of rationalizing well/ practical reason (*phronesis*) leading to right decisions, the physician ought to have for good professional, clinical and ethical reasoning skill in order to assess the knowledge obtained from education and experience right [2-5]. For the good reasoning, the physician ought

to eliminate the desires leading to mischief. In this sense, difference of pleasure and happiness should be shortly explained in order to make clear why happiness should not be reduced to pleasure and correlatively desire for the physician in medical practice. Even though pleasure is inseparable part of happiness to be good, pleasure and happiness are different from each other because happiness implies permanent, immutable and intrinsic character but pleasure implies temporary, precarious character as the concomitant of happiness [6]. Happiness is the result of conduct founding by knowledge -intellect- so it is the highest and most desirable end, but pleasure is founded by emotions that could lead to the mischief.

Thirdly, as for the fundamental qualities to be “good”, the physician ought to be temperate in professional and moral context. The physician ought to keep away from extremes and deficiencies (both ends) in the diagnosis and treatment process, and in the relationship with the patient [2]. To “avoid extremes” is meaning “golden mean” that is the essence of Aristotle’s philosophy, especially ethics. In this context, it would be syllogized that the physician should reach to the “golden mean” having respect for the needs, preferences and values of the patient; deciding with the patient together, sharing the responsibilities; assuming his professional and ethical responsibilities and, it is the most important, “to know how, and to whom, and when” from Nicomachean Ethics (NE) and Magna Moralia (MM) [2,5]. Aristotle defines virtues as being moderate between excess and deficiency like being healthy which indicates the “moderation” or “harmony” between fever with chill. Virtues can be listed as “justice”, “temperance”, “courage”, and so on; all of them are acquired as a result of avoiding excess and deficiency. On the contrary, vicious listed as “injustice” “intemperance”, “coward” are the result of excess and deficiency, likewise health in which excessive or deficient food or exercise destroys body. Aristotle puts “For we do blame people, when we think that they themselves are the causes of their being ill or their having their body in a bad state, on the assumption that there is voluntary action even there” [5; I:9, 1187, n87a]. It also includes the “participating value-based” relationship taking cognizance of the mutual and equal role to help and values of the patient and physician.

Fourthly, justice as one of the core values and basic principles of (bio)medical ethics has also great importance to be a “good” physician in Aristotle’s books. In Aristotelian ethical and political theory, justice would be interpreted as fairness meaning “proportionate treatment”. In other words, “equals should be treated equally and unequals unequally in proportion to the relevant inequalities” since the equal division could lead to unequal distribution and vice versa [2-7]. The physician ought to treat in accordance with Aristotle’s corrective and distributive justice theory, and thus he/she should act/practise equalizing the inequalities emerged from the “relevant inequalities” of the patient in compliance with the principle of fairness and impartiality.

Experience in medical practice necessitating art (*techne*), lastly, is one of the basic qualities to be a “good” physician with reference to the Aristotle’s books written on ethics and other books including analogies with medical practices. Having experience provides the physician to make the right diagnosis (correct and timely diagnosis) and determine the most appropriate treatment and know what the most beneficial method or medicine(s) and when the best time is for the sake of the patient [2-6]. Moreover, the physician could establish the mutual and participative relationship with the patient depending/balancing on the values of both sides for the best interest of the patient. However, these fundamental qualities are necessary condition to be a good physician, but not sufficient conditions, to be a “good” physician needs much more qualities just like having good trait.

Good Trait as the Potentiality of the Good

The act of a man can be virtuous as much as it reflects the good by the good pattern of trait because his act indicates potentiality of the good on his soul and the man does not go out his potentiality producing the actuality for the good. Copleston demonstrates the distinction of the potentiality and the actuality with deep sleep example; “A man is a state of deep sleep or coma is not actually thinking, but, being a man, he has the potentiality of thinking” [8]. The actuality necessitates the potentiality, but not the potentiality which is innate and also developed from habit. The potentiality may determine not only character/trait of the act but also the

notions of “sometimes” and “somehow”. The subject acting for the sake of an end reflects its actuality, but it can also have potentiality for the sake of another end [9,10]. Thus, the good act and correlatively good trait having good potentiality and also having good actuality can lead the virtue. Nonetheless, the virtuous act/conduct is performed voluntarily with the good potentiality as a result of freedom. In other words, the man can be virtuous if and only if he is free because he is responsible for his act, for instance a captive man acting under a force cannot be assessed as virtuous or vicious like the mentally handicapped by not choosing and/or decision making; using free will.

Physician as a Decision Maker

Virtues, moral values, ethical principles or codes are for human being because the soul of man has intellect (*nous*), wisdom (*sophia*), practical reason (*phronesis*), free will, which are the main elements for decision making, and hence he is responsible for his act and can be moralized as “good” or “bad”. In other words, the soul of man differs from soul of animal and soul of plant; the man can have the “cognitive soul”, “sensitive soul” and “nutritive soul”. But the first one could be as uppermost soul [11,12]. The man has intelligence and the capacity of decision making on his act -unless he is not mentally handicapped- thus he can be held responsible for the act and assessed as virtuous or vices with regard to the act as a pattern of his “good” or “bad” trait. Nevertheless, the soul of man should be evaluated by a holistic view together with his appetency because the reason of act is intelligence and it can manage the appetency to decide right and reach the good. Aristotle, as a matter of fact, states “Appetency may move a man in opposition to reason, for concupiscence is a species of appetency. While, however, intellect is always right, appetency and imagination may be right or wrong. But this intellect has no intermittence in its thought” [12; 433a 9:10, 429b 30:5] in *De Anima*. The discrimination is done by Aristotle to identify faculties of all living bodies from man having intelligent for decision making. The discrimination becomes important for the physician as a decision maker in the context of making the correct and timely diagnosis, determining the most appropriate treatment method and medicine(s), gaining the end of healing, establishing effective relationship with the patient. Although they are absolute professional

necessitates and the decision making is participative with the patient based on his values and preferences, practical reason (*phronesis*) is necessary for the physician as a decision maker rationalizing right, and using the developments of science and technology right to the right patient, in the right time and right place (“to know how, and to whom, and when”).

Conclusion

Medicine struggling with diseases and improving health and welfare is intrinsically the integration of science, art and humanities; therefore it needs to depend on scientific and technological developments in accordance with the zeitgeist. On the other hand, the physician as a professional practicing medicine should have the fundamental qualities as the basic, universal, absolute and unchanging virtues to be a “good” physician. The qualities could be assessed as the virtues originated from Ancient moral philosophy, Aristotle’s ethics in this study, and could be classified as (a) having adequate medical knowledge/theoretical reason; wisdom (*sophia*), (b) rationalizing well/practical reason (*phronesis*), (c) being temperate/temperance, (d) being just/justice and (e) having experience/art (*techne*). They could be assessed as the combination of theoretical reason/wisdom (*sophia*), practical reason (*phronesis*) and *techne* in sense of the art of medicine as the combination of basic moral and intellectual virtues. Their universal and unchanging character could a physician make “excellence-oriented” and hence “good” in professional and moral sense. It is the main point that the maintenance of the unchanging values is necessary to be a “good” physician reaching the excellence in the changing world by means of advancements in science and technology.

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