

## **CONTINUING NEED FOR AN ETHICS OF VIRTUE AND CHARACTER**

James f. Drane<sup>1</sup>

### **RESUMEN**

En salud, tan importantes como las normas y políticas y, aún **más**, son las características éticas de su atención que, en definitiva, establecen la diferencia de la atención humana en salud. No son las regulaciones ni las leyes que existan para determinadas conductas y comportamientos las que generan una actitud tierna y generosa hacia los adultos mayores enfermos. Solamente profesionales con esa disposición pueden responder adecuadamente a sus necesidades. Si ellos no lo hacen y actúan de la manera tradicional con que procede el personal sanitario, los bioeticistas perderán la verdadera dimensión del sentido humano propio de la bioética médica que, tal como las demás disciplinas, tiene particularidades propias de acuerdo con sus diferentes tendencias y tradiciones culturales. Dado el incremento de la expectativa de vida de la población humana, particularmente en el mundo desarrollado y en desarrollo, mayor es la necesidad de características especiales de la atención en salud a los adultos que envejecen, lo cual significa contar con una acción mancomunada de los bioeticistas, independientemente de sus convicciones políticas y antecedentes culturales, centrada en responder adecuadamente a las necesidades de salud propias de los adultos mayores. Con esta concepción este artículo centra su interpretación en las necesidades propias del adulto mayor para referirse a las mejores conductas bioéticas para atenderlas prioritariamente con profundo sentido humano. Entender las necesidades humanas de la población mayor que de manda atención su salud, con la sensibilidad que requiere su estado emocional y afectivo, brinda a los médicos la oportunidad de que su actuación retorne a la ética clásica.

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**PALABRAS CLAVE:** Necesidades de los adultos mayores, atención médica, ética médica clásica.

### **ABSTRACT**

As important as rules and policies are, ultimately it is ethical character which makes the difference. Not rules, nor regulations, not even laws requiring this or that behavior will generate a humane response to this new population of the elderly infirmed. Only medical professionals with character traits developed in response to patient needs will make the needed difference. If they do not attend to the classical tradition in ethics which focuses attention on the character of health care workers, bioethicists will miss an important dimension of contemporary medical

Bioethics, like every international discipline has its variations, cultural styles, particular concerns, unique perspectives. Once the problem of an increasingly aging population is recognized everywhere in the developed world, then a particular style of medical care delivery is called for. This demand unites bioethicists, no matter their political or cultural background differences, in bringing the attention of medical care givers to the needs of aging patients. This article focuses attention on aging patient's needs, and the best bioethical measures to meet these needs in a humane way. Meeting this new population's medical needs provides an opportunity for medical professionals to reconnect with classical medicals ethics.

**KEY WORDS :** Needs of aging patients, medical care delivery, classical medicals ethics

In certain parts of the developing world, patients with HIV/AIDS dominate the medical scene. In the developed world, more and more often it is aging patients, with multiple health conditions, who dominate. Both type patients create ethical challenges for health care professionals. In both situations, ethics in the sense of rules and laws has little relevance.

Following the usual ethical rules in some cases may actually threaten such patient's best interests.

Treating an aging patient as an accumulation of pathologies, each of which calls for medication, would mean disaster for the patient. Two thirds of people in the U.S. over 65, and three quarter of people over 80, suffer from these multiple disease conditions. Following the ordinary rules of ethical practice would mean that the patient is subjected to a stream of medications which will create complications and gradually ruin the patient's quality of life.

In order to treat elderly and infirmed patients humanely, there must be a personal relationship between patient and health care professional. The health care professional must bring personal moral attitudes and dispositions to this patient relationship, instead of just responding to each pathology. The professional must enter relationship with the patient as a person in order to do what is best for him or her. Treating each symptom or disease, separate from the person's overall condition, will create other diseases and ruin the patient's quality of life.

What this increasing population of elderly/infirmed patients needs is not a group of aloof, scientific, rule following specialists, each of whom is ordering medications to treat a particular condition. What elderly patients with multiple infirmities need is a doctor capable of responding to the whole patient with the classical character traits of a medical professional; compassion, benevolence, patience, respect, courteousness, honesty, and friendship. Only the doctor with these character traits can do what is best for this patient. Only the doctor who has time to listen to the patient and is sincerely interested in the patient's overall condition can be a help. Only doctors who care and express this care will provide the needed help. Only the doctor whom the patient trusts, can do what is best for the patient. Such a doctor, with the classical medical

character traits, can provide real help to elderly sick persons who are taking 10 or 15 or 20 different medications. Without a good doctor in this classical ethical sense, the elderly infirmed patient is condemned to an awful final period of life.

Classical medical ethics is ethics in the sense of *ethos*, the inner being of a person. This medical ethics is referred to as an ethics of virtue and character; an ethics of attitudes and habits which make the medical professional a good person. The classical medical codes specified required acts and etiquettes, but the core of the codes was virtues and character traits. The importance of this classical emphasis has not disappeared.

Contemporary bioethics and modern medical codes focus on acts and rules rather than character traits and inner dispositions. Virtue language has all but disappeared from most contemporary medical codes, but the importance of virtue has not disappeared. Especially with the increasingly large population of elderly patients with multiple pathologies, only doctors with personal character traits of compassion, honesty, benevolence, and trustworthiness can provide the needed overall healing.<sup>2</sup>

The good doctor for these patients is not one who stays aloof and follows a set of objective rules but one whom the elderly and sick patients can trust to do what is in their best interest. Ethical rules and regulations developed in bioethics over the years are important: for example, the list of rules and procedure for patient autonomy and informed consent when patient competency is compromised. These rules and procedures cannot be ignored in treating the elderly/infirmed but they are far from being of core importance. An elderly infirmed patient often has to rely on a doctor's recommendation rather than going through a long list of

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<sup>2</sup> For a more detailed treatment of virtue and character ethics, see *Como Ser un Buen Medico*, James F. Drane, editorial San Pablo, Bogota D.C. Colombia, 1993.

informational components about the procedure. Rules and regulations cannot address what good doctors must do for these patients. Only character traits can do so. Bioethical norms and regulations would be external facades without souls, if medical professionals do not bring to the patient the character dispositions which create a warm and trustworthy doctor-patient bond.

Deciding to provide the care which elderly/infirm patients need, in itself requires character rather than simple compliance with regulations. Neither medicines alone nor bioethical rules alone will help these patients. They need a loving, caring, trusting relationship with the doctor, so they can turn over to him or her, the quality of their lives during this final period. Caring for the infirmed/elderly, especially those who have entered into the dying process, requires ethics in the sense of habits of the heart.<sup>3</sup>

Character ethics remains today an important part of medical ethics. It applies first to physicians, but then to the many other health care workers who are involved in medical caring; nurses, medical technologists, respiratory technicians, physical therapists, nurse assistants, lab workers, , and so forth. Can all these medical staff members be expected to respond with classical medical virtues to elderly/infirm patients who need help? To a lesser extent than a doctor perhaps, but para-professionals too are bound by a medical ethics as understood in classical theory. Otherwise, the whole health care system will cease to function, and increasing

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<sup>3</sup> Many other areas of contemporary medicine also make evident a need for the good doctor in the sense of one with deeply embedded in classical virtues. Injured workers who apply for worker's compensation benefits and medical treatments, have to be examined by a physician to approve or disapprove their claims and needs. In most cases the worker and the employer each has a paid medical consultant. If the doctors involved on one and the other sides are devoid of ethical character, they are likely to become like paid prostitutes instead of respected professionals. These doctors provide the diagnosis which the workers or employers or insurance companies want, rather than what is honestly the medical situation. These doctors violate their public ethical commitment, smear the medical profession, and undermine a large section of a health-care delivery system.

numbers of very sick patients will be left badly attended. If physicians are judged good or bad according to how they respond to patients in need, the same is true of the other staff members.

Virtue and character ethics points up an important dimension of right behavior not strongly attended to in modern bioethics literature. This older ethical tradition or style of treatment brings into focus different issues. As important as acts and rules are, bioethicists trying to develop humane policies and practices for a hospital or a nursing home must also pay attention to an institutional climate, because it shapes the attitudes of all staff persons. What kinds of persons are being hired by the health care institution, and then are being formed by a particular medical community? The older ethical tradition asks whether care giving persons are in the habit of being helpful, friendly, considerate, and so forth. Rather than requiring intellectual skills of act analysis, character and virtue ethics requires a community which holds up models, forms moral identities, and helps people develop the self-esteem necessary for good moral habits. Rules and policies are related to character development, but primarily good habits depend upon a community which provides examples of right behavior. It is not fear of violating a rule which gradually forms ethically sensitive staff members in a hospital or a home for the elderly/infirm, but the discomfort created by behavior which diminishes a patient's self-esteem because it violates community expectations.

If ethics for bioethicists means nothing more than act analysis and problem-solving, then certain ethical problems within hospitals and health care institutions will never be addressed. Self-centered, inconsiderate, greedy professionals will not do the right thing no matter how well honed their medical skills or how well they know institutional policies. Virtue and character bioethics pays attention to inner dispositions and attitudes, to the psychology of moral agents, and to politics in the sense of communities which form their members. This older ethical

tradition does not replace but complements the predominant style of bioethics in developed countries.

Bioethics in the sense of virtue and character may not be able to do much about today's high tech ethical problems but it is helpful to know about this tradition. More and more medical ethical failures today are related to character rather than to rule violations (for example, the number of physicians involved with pharmaceutical promotion projects and other forms of exploitation for personal gain). Now the elderly infirmed are a problem in every culture, and even professionals who consider themselves good persons will be tested by their response to this new type of patient.

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As important as rules and policies are, ultimately it is ethical character which makes the difference. Not rules, nor regulations, not even laws requiring this or that behavior will generate a humane response to this new population of the elderly infirmed. Only medical professionals with character traits developed in response to patient needs will make the needed difference. If they do not attend to the classical tradition in ethics which focuses attention on the character of health care workers, bioethicists will miss an important dimension of contemporary medical

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