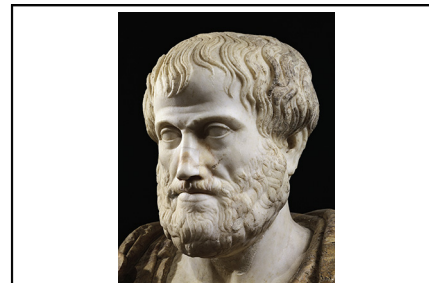


AATS 2016 Ethics Forum: Working virtues in surgical practice

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ABSTRACT

Moral virtues are the complement to ethical principles. They constitute the elements of character that drive habits and daily routines. Certain virtues are especially important in surgery, shaping surgical practice even when no big decisions are at hand. Eight virtues are described and the work they do is explored: trustworthiness, equanimity, empathy, advocacy, compassion, courage, humility, and hope. (J Thorac Cardiovasc Surg 2016; ■:1-4)



We are what we repeatedly do. Moral excellence, then, is not an act, but a habit. —Aristotle 384-322 BC.

Central Message

Moral virtues are character traits that shape the routines of surgical practice. This essay explores the special ethical work done by the most important of these virtues.

Surgical ethics is usually understood as the application of moral principles to problems that arise in patient care. The American Association for Thoracic Surgery (AATS) Code of Ethics notes principles such as duties to protect patient confidentiality, to maximize patient welfare, and to minimize potential harms.¹ Although important, principled thinking is only a part of ethics. The other part is the practice of virtues, those dispositions and habits of character that shape a surgeon as a moral agent. Virtues focus less on what surgeons do and more on who they are; that is, the character-driven aspects of morality that lie behind choices and decisions. The AATS Code of Ethics notes the need for acting “in good faith,” and “with compassion.”¹ These are examples of surgeon virtues. Virtues are the constant background feature of ethics, those habits that are at work even when principles are not in play; that is, when no important decision needs to be made. Thus,

although principles focus on important values in decision making, virtues motivate and predispose surgeons to good decisions by informing routine practices. Thus, a disposition to the virtue of honesty helps to frame a principled choice of truth-telling when the truth may be hard to tell and difficult to hear. Principles constitute the superstructure of ethics; virtues compose the infrastructure. Principles involve head work, requiring consistent and judicious application. Virtues constitute the heart work, those features of character that motivate and impel moral activity. These 2 aspects of ethics are integrally related. As Aristotle put it, it is the dispositions and habits of a good character that allow us to use the principles of ethics wisely.²

Two recent, excellent books on surgical ethics include lists of virtues. Sade’s 2015 volume *The Ethics of Surgery: Conflicts and Controversies*³ singles out 6 virtues as central: respect for a patient’s right to decide; integrity, defined as consistency of beliefs and actions; honesty; cognitive and technical competence; compassion; and trustworthiness. This last virtue Sade considers the summation of the other virtues.³ *The Ethics of Surgical Practice*, a 2008 volume by Jones, McCullough, and Richman⁴ emphasizes 4 virtues as particularly important: integrity, compassion, self-effacement, and self-sacrifice. Each virtue in both lists is important; I would not argue against the salience or usefulness of any of them. Indeed, a part of the challenge of naming virtues is that there are so many one can easily imagine as worthwhile. A complete list would be lengthy and

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Abbreviation and Acronym

AATS = American Association for Thoracic Surgery

likely unhelpful, because different situations and contexts of practice will call for the exercise of different traits of character. My task here is more modest than providing a complete or definitive list. I will highlight 8 virtues I consider fundamental to surgical practice. My purpose is not simply to name them, but to give some indication of the moral labor they perform; that is, their ethical function. Hence the stress in the title of this article on working virtues, focusing on the specific good that is achieved when each is embraced and practiced.

EIGHT FUNDAMENTAL VIRTUES

My candidates for the fundamental or basic virtues are as follows: trustworthiness, equanimity, empathy, advocacy, compassion, courage, humility, and hope, keeping in mind that each of these virtues carries a set of moral lessons. I will explicate and briefly argue for the importance of each in turn.

Trustworthiness

Sade³ is right to think this virtue is in some sense a summation of the others, especially if we consider that without it little or nothing can be accomplished with patients. Physicians, and especially surgeons, need to establish that they are worthy of a patient's fiduciary investment. No reasonable patient who has an alternative would proceed with a surgical procedure without some assurance that the surgeon will faithfully and consistently act for his/her benefit. I place trustworthiness first because it is temporally first in a clinical encounter. It gets established very quickly, usually in the first several minutes of the initial meeting between doctor and patient.⁵ As a result, trustworthiness lays the foundation for all the conversations about diagnosis and prognosis and the recommendations for treatments that follow. Interviews indicate that the initial sense by patients that a physician can be trusted is grounded in surprisingly small things. Smiling; greeting the patient and family in a warm, welcoming way; and showing interest in the unique person behind the presenting symptoms are all essential to establishing trustworthiness. Establishing this fiduciary bond early in a relationship can pay dividends in terms of history taking and subsequent quality of care. One patient reported, "I knew from the first time I met her [the surgeon] that she cared about me, so I could tell her things I wouldn't tell other doctors."⁶

Equanimity

The ideal of calmness under pressure has long been a staple of medical ethics. It was given prominent modern

expression in Osler's valedictory address at the University of Pennsylvania in 1889, which was titled "Aequanimitas."⁷ A Latin term, *aequanimitas* means to possess an even soul, a steadiness of mind in a world of turmoil and uncertainty. In patient interviews more than half of our informants cited calmness as an important physician trait. One patient put it this way: "If physicians can be still and focused it creates an envelope in which it is safe to be there, and that allows me to be completely honest about what is going on."⁸ Needless to say, cardiothoracic surgeons have a special use for this virtue. In addition to its effect on patients, the effects of equanimity on one's surgical team and on one's self are equally or even more important.

Empathy

This virtue is not just high on my list for surgeons, it is sine qua non for ethics generally. Empathy is the ability to discern what another person is thinking and feeling, or more broadly, to discern something of what his/her life is like. It is, as the saying goes, the ability to walk a mile in another person's shoes. Empathy has both cognitive and emotional facets. It is sometimes confused with its near cousin, sympathy, which is more a matter of feeling what others are feeling, an echoing of sentiment, such as feeling sad in the presence of others who are sad. Empathy is not sameness of feeling, but awareness of what it is like for others. It involves cognitive and imaginative skills, a curiosity about, and an openness to, the lives of others. Exercises of empathy require the effort to reach out for and acknowledge another person's situation, such as a patient's pain, fear, frustration, or uncertainty. The capacity for empathy is a part of our evolutionary inheritance, but its realization as a skill requires routine practice, just like palpating a liver or suturing a wound. With this understanding it is easy to see how empathy works to enhance trustworthiness and—as I will argue later—to promote compassion.

Advocacy

The medical systems of the 21st century are complex, and largely user-unfriendly. Medical care itself is often subdivided among specialists who do not always communicate with each other, much less translate diagnostic and prognostic information to patients. It is easy for patients to get lost in systems not designed for their accessibility but for provider convenience, efficiency, and profitability. All patients from time to time need an advocate, and seriously ill patients typically need a medical advocate, as well as a family member or friend who will persist in asking questions and clarifying answers. Surgeons are essential to advocacy, but that does not mean they need to personally undertake all the tasks of advocacy themselves. More than other virtues, advocacy is spread across teams, and the

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