

HOW TO CULTIVATE VIRTUES AND DEVELOP MORAL CHARACTER

In this lesson, you'll be learning to:

1. Define moral virtues, and explain how they relate to professional roles in medicine.
2. Explain the tension between an “ethics of care” and an “impartial ethics.”
3. Describe the “Five Focal Virtues” of caring.

According to B-C, a **moral virtue** can be defined as a “dispositional trait of character that is morally valuable and is reliably present in a person.” In simpler language, we might say that a moral virtue consists of a *habit* of doing the right thing, for the right reasons, and with the right attitude. The common morality recognizes a number of virtues, including generosity, courage, and kindness. Being virtuous is not the same as simply “following the rules,” since a person may be virtuous without knowing each and every rule (but simply may “feel” the right thing to do) and a person who follows the rules may not be virtuous (for example, if the person follows the rules only to get a reward or avoid punishment).

In order to understand the importance of virtues in health care, a few definitions may help: Every **professional role** (“physician”, “nurse”, “surgeon”, “radiographer”) is associated with certain standards tied to **professional practice**. These standards are closely associated with both moral and non-moral virtues. For example, being a “good physician” requires that one be knowledgeable about medicine, have good leadership skills, and be capable of weighing the evidence relevant to diagnosis. Being a “good nurse” requires that one be able to advocate for patients and interact well with other members of a medical team. Both physicians and nurses must be capable of doing things like relating well to patients and acting with integrity.

Some of these standards are **standards of technical performance**, which are tied to *non-moral virtues*. These include things like *technical skill* (for example, how well can you carry out various medical techniques?) and *judgment* (for example, how good are you at figuring out which technique to use in a particular case?). Other standards are **standards of moral character**, which are tied to *moral virtues*. These include *normative skills* (for example, how compassionate and conscientious are you?). In most professions (and in health care, in particular), people are much more forgiving of errors related to technical performance or judgment and much *less* forgiving of errors related to moral character.

WHAT IS CARING? HOW DOES IT RELATE TO IMPARTIALITY?

In health care professions, as in many other areas of life, a highly important moral virtue is that of **caring**, which involves the “care for, emotional commitment to, and willingness to act on behalf of persons with whom one has a significant relationship.” In particular, a “good” (or *virtuous*) health care professional should care about one’s patients, and his or her behavior should reflect this. B-C defend a version of the **ethics of care**, which claims that caring is the *most important* moral virtue¹. All of the other virtues we will discuss are supposed to represent different *aspects* of caring.

The “Ethics of Care”. The ethics of care was originally formulated and defended by feminist philosophers, who had noticed that discussions of moral “obligations”, “duties”, and “rights” often tend to ignore the role that *caring relationships* play. One reason this is important is that different people (e.g., women and men) have tended to have different sorts of relationships, and thus different obligations. For example, it is because of women’s relationship with their children (historically, they were almost always the primary care-takers) that they have felt “morally obligated” to do more for children than did the fathers (and these obligations have prevented many women from doing other things). The basic idea of the ethics of care is that, since morality is based on relationships, it is important to make sure that everyone has an equal opportunity to form valuable, caring relationships that allow them to develop as human beings.

Limitations on the Ethics of Care. While the ethics of care has been influential, a number of scholars have pointed it can’t be “the whole story” about ethics. In particular, critics of this approach have asked two important questions:

- **Is caring in conflict with impartiality?** While caring is very important, it can sometimes be in tension with the moral ideal of **impartiality** that is emphasized by many other important moral traditions (including many versions of utilitarianism, deontology, and Judeo-Christian-Islamic ethics). According to the ideal of impartiality, a morally virtuous person should show *no favoritism whatsoever* to friends or family (hence, the ideal of a saint-like person who leaves his or family to go and help the truly needy). An ethics of care, by contrast, emphasizes that one *should* treat some people (such as friends, family, coworkers, and patients) differently than others.
- **Does the ethics of care overemphasize the role of emotion in making ethical decisions?** Impartial ethical theories often emphasize the idea that one should do the right thing “merely because it is the right thing to do” and not, for example, for “merely emotional reasons.” The ethics of caring, by contrast emphasizes that emotional connections (especially with patients, in the context of medicine) can play an important role in motivating us to do the right thing.

While there is no perfect formula for balancing caring vs. impartiality, or emotion vs. pure intellect, part of developing a moral character involves taking all of these competing (and morally relevant) issues seriously, and learning to balance them.

WHAT ARE THE FOCAL VIRTUES? HOW DO THEY RELATE TO CARING?

¹ For an accessible introduction to the ethics of care, see Maureen Sander-Staudt, “Care Ethics,” in *Internet Encyclopedia of Philosophy*, May 2019, <https://www.iep.utm.edu/care-eth/>.

Becoming a caring person requires *practice*. In particular, it requires that one work to develop a number of more specific skills. In the medical professions, the following **focal virtues** are especially important.

- **Compassion** consists of an “attitude of regard for another’s welfare with an imaginative awareness and emotional response of sympathy, tenderness, and discomfort at another’s misfortune or suffering.” It requires that one have *empathy* for the feelings of others AND that one act on this in an informed, productive manner. One must be careful so that one’s compassion for others does not cause one to act in a manner not consistent with the *other* virtues, however².
- **Discernment** involves the “ability to make fitting judgments and reach decisions without being unduly influenced by extraneous considerations, fears, personal attachments, and the like.” Discernment requires more than merely “knowing a lot of facts”—it requires that you can use this knowledge in a *practical* way to help patients.
- **Trustworthiness** requires that one act in a way that warrants “confidence in one’s character and conduct.” If your colleagues and patients trust you, they have confidence that you have good motives (e.g., you care about their well-being), appropriate feelings (e.g., you feel happy for their successes and sadness for their pains), and that you will act in accordance with the relevant moral norms.
- **Integrity** includes “objectivity, impartiality, and fidelity in adherence to moral norms.” It involves both (1) having a well thought-out, internally consistent set of moral beliefs, and (2) being willing to stand up for these beliefs when they are challenged. A person with integrity is one who takes the demands of morality *seriously*. Patients and colleagues often appreciate and benefit from this, even if they may disagree with some of the specific moral beliefs in question. In some cases, there can be conflicts between *professional integrity* (“what you feel morally obligated to do *as a professional*”) and *personal integrity* (“what you feel morally obligated to do *as a person*”).
- **Conscientiousness** consists of being consistently “motivated to do what is right because it is right, [trying] with due diligence to do what is right, intend[ing] to do what is right, and exert[ing] appropriate effort to do so.” A conscientiousness person spends time thinking through tough moral decisions, and is genuinely concerned to do the right thing. A conscientiousness person will intuitively “feel” the need to obey moral norms, and will feel shame, remorse, and guilt if they recognize that their own conduct has violated these norms.

Historically, most medical codes of ethics have emphasized the importance of developing virtues (though the most recent AMA code does not). However, different virtues have been emphasized by different codes. For example, early nursing codes emphasized obedience to *physicians* (even if they disagreed with the physician), where contemporary codes place much more emphasis on the obligation of caring for the *patient* (even if this leads to conflict with physicians).

QUESTIONS FOR REVIEW

Please answer the following questions.

1. Come up with an example of a (real or fictional) someone you feel demonstrates the virtue of caring. (If possible, use example from medicine). Then, assess the extent to which they instantiate the five focal virtues described above (and make sure to give detailed examples).
2. Do you agree that **moral errors** are often “worse” than **technical errors** or **judgment errors**? Why or why not?
3. To what extent do you think morality requires that we behave *impartially* (i.e., that we treat everyone equally, regardless of your personal relationship with them)? Explain and defend your answer.
4. Which aspect(s) of caring do you think it would benefit you personally to work most on improving (especially as this relates to your work life)? Why? Explain and defend your answer, making regular reference to the “Five Focal Virtues”.

CARING IN ACTION: FLORENCE NIGHTINGALE³

Florence Nightingale (1820-1910) was born an era when middle-class women were expected to simply make a good marriage and raise a family, Florence sensed a ‘calling’ from God at an early age and believed she was destined to do something greater with her life. As a child, she was very academic and particularly interested in mathematics. Her religion gave her a strong sense of moral duty to help the poor and, over time, she held a growing belief that nursing was her God-given vocation. She was also perhaps set to follow the family tradition of reform mindedness, such as the example set by her maternal grandfather who was an anti-slavery campaigner.

Paid nursing suffered a reputation as a job for poor, often elderly women, and the popular image was one of drunkenness, bad language and a casual attitude to patients. Despite parental concern, she persisted in her ambition, reading anything she could about health and hospitals. Eventually she persuaded them to allow her to take three months’ nursing training at an inspirational hospital and school in Dusseldorf. Aged 33, she then became superintendent of a hospital for ‘gentlewomen’ in Harley Street, London.

The Crimean War. In March 1854, reports flooded in about the dreadful conditions and lack of medical supplies suffered by injured soldiers fighting the Crimean War. The Minister of War, a social acquaintance, invited Florence to oversee the introduction of female nurses into the military hospitals in Turkey. With a party of 38 nurses, Florence arrived in Scutari that November and set about organising the hospitals to improve supplies of food, blankets and beds, as well as the general conditions and cleanliness. The comforting sight of her checking all was well at night earned her the name ‘Lady of the Lamp’, along with the undying respect of the British soldiers.

² For an interesting discussion of empathy, and the potential problems with the ways many people (including parents, educators, and medical professionals) often think of it, see Paul Bloom, “Against Empathy,” *Boston Review*, September 10, 2014, <http://www.bostonreview.net/forum/paul-bloom-against-empathy>.

³ This biography is adapted from “Biography of Florence Nightingale,” Florence Nightingale Museum London, accessed May 27, 2019, <https://www.florence-nightingale.co.uk/resources/biography/>.

Reforming spirit. The introduction of female nurses to the military hospitals was deemed an outstanding success, Florence returned to Britain a heroine, and donations poured in to the Nightingale Fund. The money collected enabled Florence to continue her reform of nursing in the civil hospitals of Britain after the war. Determined that the medical mistakes of the two-year long war were never repeated, she vividly communicated the needs for medical reform using statistical charts which showed that more men had died from disease than from their wounds. She then instigated a Royal Commission into the health of the army which led to a large number of improvements and saved the lives of many.

Her attention later turned to the health of the British army in India and she demonstrated that bad drainage, contaminated water, overcrowding and poor ventilation were causing the high death rate. She concluded that the health of the army and the people of India had to go hand in hand and so campaigned to improve the sanitary conditions of the country as a whole.

The Nightingale Training School was established in 1860 using donations from the Nightingale Fund. Its reputation soon spread and Nightingale nurses were requested to start new schools all over the world, including Australia, America and Africa.

Despite often being confined to her sick bed, by what we now believe was a bacterial infection known as brucellosis, Florence continued as a driving force behind the scenes, writing some 13000 letters as part of her campaigns. She met Queen Victoria on many occasions and exchanged correspondence for over thirty years. Florence was awarded the Royal Red Cross in 1883. Then in 1907 she was the first woman to receive the Order of Merit, Britain's highest civilian decoration. Florence died aged 90, on 13th August 1910, and was buried alongside the graves of other family members in East Wellow, Hampshire.

Based on this description, evaluate Florence Nightingale with respect to the five “focal virtues” discussed earlier. In what respects do you think she is a good role model for *modern* medical professionals?