

Applying Moral Philosophy: A Case Study

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I will summarize an essay regarding a medical case study and use ethical theory, especially Aristotle's virtue ethics, to illustrate what philosophical ethics might add when making complex ethical healthcare decisions.

The medical case (Mukherjee, 2017) was presented with no formal reference to ethics, as follows. A doctor (Dr. Mukherjee) remembers when he was a 33 year-old senior resident, treating a patient waiting for a heart transplant. Dr. M notes his strong identification with the 52 year-old patient, who had similar education and interests to his own. He also states there are "never enough" hearts available for all waiting patients. His patient was "failing so precipitously" he needed to be hospitalized for weeks; finally, a heart was available, and surgery had to be done quickly. That night the patient developed a mild fever. Dr. M struggles: does he record the temperature in the chart or not? If he records the temperature, Dr. M is sure the surgeons will almost certainly not recommend doing the surgery. On the other hand, the patient has no other symptoms that would suggest a serious problem.

Dr. M never states this is a moral dilemma, but from his presentation of the case, it clearly is one for him. A moral dilemma is a "situation in which each possible course of action breaches some otherwise binding principle," leaving "a residue of guilt and remorse" (Oxford Dictionary of Philosophy, 2016). A doctor wants his patient to survive; Dr. M especially wants this patient to live, and he now has the means to save him. He also knows he should be objective, and report the data. The American Medical Association has its own "Principles of Medical Ethics," which include to be "honest in all professional interactions" and "respect the law." (AMA) There is a special section on "End of Life Care," but no 'rule' there addresses the specifics of this case (i.e., decisions with transplant patients).

If one uses an absolutist moral stance, that honesty, for example, is always to be followed, there is no dilemma. Or if Utilitarianism were applied, 'saving' this patient would be immediate evidence of the greater good for the greatest number (GHGN), thus a moral success, if he survived. However, if saving this patient were to fail, another patient would be at risk because this heart would be unavailable. We have no way to ascertain the outcomes. And Dr. M is left to struggle with what is the right action for his case.

Dr. M consulted his attending physician as well as nurses on duty but the decision was left to him. Ultimately, he recorded the temperature in the chart. The patient's fever was soon gone. With no other heart available, he died within a few weeks.

If Dr. M had asked philosophical ethical questions, what might these look like, and might they have helped him? Utilitarianism would focus on the outcome; in the short run, the doctor failed because the patient died. However, maybe some other patient survived. One problem with GHGN is that we often do not know the outcomes, near or far. We know this patient died in part because Dr. M recorded the temperature; we do not know if he would have lived through the surgery, or if someone else lived because that heart was available. Nor could anyone foresee the quality of the possible survivor's life, or what good or evil he/she might do. We could argue that by following an honest, objective report, the medical system and that hospital remained more trustworthy, perhaps benefiting future patients by doing so. We do not know. (Kant would recommend doing one's duty and only doing what we would have others do; Dr. M never

referenced these goals, but the point is that he was conflicted about where his duty lay, thus the moral dilemma.)

Are principles like honesty and medical objectivity absolute principles, to be followed in all cases? Virtue ethics differs from those ethics that “emphasize duties or rules (deontology)” (SEP, 2016). Would that be a morally better approach in this case? Or are we better off to consider these principles as ‘rules of thumb’? Dr. M does not describe the process he goes through as second order moral thinking, but this is illustrated in his presentation. That is, he notices his own bias: “we were forewarned...not to identify too closely with patients,” and “medicine depends on looking at data objectively, dispassionately.” But he also notes he has been taught, “what patient ever fits squarely into an assigned box?” and “data can deceive.” Dr. M does not refer to an absolute rule, but considers which principles apply to this situation, and how to balance them.

To my mind, Aristotle’s virtue ethics is the most applicable theory to guide moral decisions in such complex situations. What is right is that which is done by a virtuous person, says Aristotle. This appears, at first glance, a circular definition, without specific guidance about what to do. Where are the ethical rules to guide Dr. M or others? Wouldn’t it be simpler to use Hume’s “true judge” idea? True judges rely on “stable and general perspective” (Talbot) for the situation faced, thus providing a first order moral answer as to what should be done. However, given how many details can vary from case to case (often ‘token’ situations versus ‘type’), it can be difficult to determine any one “stable and general perspective” that would absolutely apply to this situation. Clinically and ethically in healthcare, there are some situations for which it is easier to know what is right, and some for which it is not. Once more complexity enters in, professionals may not all agree on what is medically right or on what is ethically right. This is especially true with end of life care. As Gawande states, “This business of deliberating on your options...was exhausting and complicated;” in some instances, “equally terrible mistakes are possible” in both directions. (Gawande, p. 210).

Thus, context can matter when applying moral reasoning (Dancy). Dancy would not say no moral principles exist, but that one should use principles as rules of thumb, because context affects the moral choice. Aristotle specifically addresses this: “The account of particular cases is still more inexact... The agents themselves must consider in each case what the opportune action is, as doctors and navigators do.” (Aristotle, p. 676)

Clearly Dr. M is not choosing simply by emotional preference, or he would have chosen to let his patient, the one he knew and cared about, have the surgery. Dr. M is aware of this bias, and he engages in moral reasoning to make his decision. How might Aristotle comment? “We must ... examine what we ourselves drift into... our own tendencies,” (Aristotle, p. 677) as Dr. M examines his. Without directly referring to them, Dr. M also uses reason to consider Aristotle’s questions: he must choose an act, “doing it to the right person, in the right amount, at the right time, for the right end, and in the right way.” (Aristotle, p. 677)

In addition, when Aristotle says an action is virtuous if a virtuous person does it, he intends for us to rely on virtuous people to help us decide what is the right action for the right reason and in the right way. Many of us ask others’ advice if we consider them wise and skilled in the “habit” of virtue, thereby having both practical wisdom and virtuous character. In healthcare, consultation is recommended, and considered a ‘standard of care’. In this case one could say that a ‘true judge’ would recommend the process of consultation; the actual chosen act (re:

what is right or wrong), would be best determined by a skilled, temperate, experienced and thus virtuous person. Ultimately this is what Dr. M does. He does not tell us the degree to which the exchange influences his decision, but he calls his attending physician, and "...she understood immediately," and reviewed the facts with him, adding, "...you've got to consider that in some other hospital, there's some other young guy...waiting for that same heart".

To conclude, I believe Aristotle's virtue ethics best guides moral decision-making in many complex ethical situations. I also believe that if healthcare ethics included a philosophy course on ethics, along with its professional guidelines, healthcare professionals would have added clarity in some of their most difficult cases.

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