

The Seven Core Virtues in Medical Professionalism

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ABSTRACT

Medicine is a moral and social enterprise. As a profession, it poses many challenges to its practitioners. Society depends on the medical community to serve the welfare of the sick, and often physicians are given much discretionary latitude in their work. Because of this, professionals must have a firm ethical foundation to avoid exploiting others, and to always serve the best interest of patients. Virtue ethics has existed since time immemorial. However, it has taken second place to principle-based ethics for a while now, where the use of logical reasoning guides ethical codes and conduct. These alone are not sufficient for a medical professional. With the peculiar stressors they may face, there are seven key virtues that are invaluable in medical practice: integrity, discernment, compassion, trustworthiness, conscientiousness, humility, courage. These virtues enable practitioners to make moral and ethical decisions when the current guidelines are incomplete, or if there are no currently available guidelines to address the problems that they face. Ultimately, these virtues enable practitioners to carry out a fulfilling and meaningful career.

Keywords: ethics, morals, principles, professionalism, virtues

INTRODUCTION

The medical profession is greatly dynamic and complex, both in terms of its knowledge base and its encounters. Medical practitioners are held to considerable standards of character and conduct, both by the public and their peers. Moral and ethical dilemmas are consequently an inevitable part of a physician's professional life.

Current medical practice and education are based on the principles of justice, beneficence, non-maleficence and autonomy. While principle-based ethics have provided a logical approach to problem solving and are an important part of medical ethics today, they depend to a fair extent on external policing and regulation, which can be tedious and resource-consuming to enforce.

Virtue-based ethics are thus indispensable for the altruistic goals of medicine to be achieved. Virtues emphasise praiseworthy character traits over actions, without the need for external policing. Virtue ethics is not a new concept. It dates back even to the time of Plato who described Four Cardinal Virtues of wisdom,

justice, fortitude and temperance in his Republic, and the virtues in medicine have also been deliberated at length from the time of Aristotle¹. Are virtues nature or nurture? By definition they are an innate part of a person's being, but virtues do not simply exist. Like so many other important aspects of being human, each person is born with the capacity to learn these virtues, but the virtues are only borne out by their environment. The virtues must first be identified and their relevance must be recognised before they can be effectively taught and learned.

In this paper we will identify and discuss several virtues that are pertinent in the practice of Medicine. We aim to highlight the importance and relevance of these virtues through accounts of our own encounters or interviews with patients and doctors.

DEFINITIONS

The fundamental words in this essay are often used in a vague manner of exchange. We hope to first establish clarity in these words.

A **virtue** is a trait of character that is socially valuable. A moral virtue is one that is morally valuable, and a professional virtue is one that is valuable to the practice of the profession^{1,2,3}. A virtue is a personal value trait that has been internalised and turned into an ethical habit.

A **principle** is a rationalised code or rule that is expressed in the form of writing or words^{2,3}. A principle is explicit, derived by reasoning. Virtues, on the other hand, are emotional and behavioural responses that are implicitly guided by principles. For many years principles formed the basis of ethics, and there is a prevalent emphasis on using a logical set of principles as guidelines for behaviour, instead of using virtues to guide behaviour.

However, virtues should not be ignored. Virtues are important because they are intrinsic and can be sustained in the absence of external regulation or sanction. Virtues are therefore upheld in the absence of an external system of reward and punishment, for instance rules and regulations set forth by the profession's governing body.

A distinction should be made between a virtue and an **obligation**. A professional behaviour based only on obligation is performed out of obedience to existing codes or rules, even if there is a desire not to². Such behaviour is lacking in the proper moral motive; it is lacking in virtue.

Inherent in this distinction is that virtues are valuable because virtuous persons are self-motivated and do not need policing. An obligation is motivated by the risk of legal or ethical sanction, and in circumstances where the risk of sanction is remote, ethical behaviours may not be appropriately practised. A virtuous person, on the other hand, is motivated by an internal set of values, and will do right every time, regardless of sanction risks.

Virtues thus form the basis for the **character** of a person, which are a stable set of intrinsic qualities possessed by an individual^{2,3}. A moral virtue is defined as a disposition to act or a habit of acting in accordance with moral principles, obligations or ideals³.

The definition of **medical professionalism** are many and varied, but we will attempt to provide one here. Healthcare professionalism encompasses a set of competencies, values, virtues, behaviour (professional conduct), outcomes (performance) and relationships that aims to achieve the goals of medicine, and promote trust and confidence in the healthcare system^{4,5}.

THE NATURE OF MEDICINE

Medicine may be driven by scientific methods, but in its origins and ideal nature and goals, it is a social and moral enterprise. Its **aim** is to serve society by providing relief and comfort from the pain, suffering and deprivations that stem from diseases or illnesses.

However there are many potential areas for conflict of interest to arise.

Medical **practice** is imperfect: the knowledge and information involved is vast but incomplete, uncertain, and rapidly changing. In spite of these changes and uncertainties, the medical professional uses his/her knowledge and skills to achieve clinical judgements and medical decisions in a consistent, timely and humane manner.

Medical **encounters** can be difficult (for instance in emergency situations), and they involve a meeting of strangers, each of whom is a unique and complex being. In such encounters, a patient's vulnerability caused by illness affects outcomes and rational decision making and doctors who are entrusted to guide decision making must always have the patient's best interest in mind.

In addition, while the core ideals of medicine are social and moral in nature, it is after all an economic entity. Practitioners and patients are in a fiduciary relationship, and also a **financial** one. This issue may weigh more heavily on medical personnel in private practices than in public service, but economic bottom lines are a practical and very real part of the healthcare business, and financial interests can conflict with patients' interests.

Under circumstances where different interests have to be considered, the decisions made by medical practitioners can be difficult. Often, guidelines and sanctions exist to ensure that ethical decisions are made, but these are not always comprehensive or well-enforced.

The virtues that are important in Medicine are those that **enable** its practitioners to uphold its noble aims in the face of potential conflicts. These are not always extraordinary — they exist in the everyday practice of medicine, and are thus relevant to all medical personnel in their everyday work.

VIRTUES IN MEDICINE

Integrity

Dr Y is a general practitioner who owns his own practice and in-house pharmacy. For a patient who walks into his

clinic with a sore throat, cough and rhinorrhea, he prescribes medications to help with symptomatic relief: two weeks' supply of cetirizine, chlorpheniramine, pseudoephedrine, cough syrup, monteleukast and procodine "just in case you get worse", and serratiopeptidase. The patient recovers within four days, without taking any monteleukast or procodine, and is left with more than a week's worth of medications.

Integrity is the virtue of being honest and morally upright. In clinical medicine, integrity is central to the role of all doctors because the doctor-patient relationship is a tricky one: it involves money, unequal power and often an extraordinary amount of trust and expectations that the patient has in the doctor, because of the presumed nature of the profession. A patient who is burdened by disease is also deprived of his/her usual capacity for decision-making.

This is a set-up for exploitation, even in the presence of legal guidelines, because to a considerable extent the doctor's office is a private place, with exchanges that are known only to the doctor and patient. It takes an internal regulation by means of integrity to ensure that the patient's best interest is served even when the risk of sanction is remote.

Professional integrity can be strengthened by awareness of one's own motives and values and frequent reflections of one's actions. Only a professional steeped in the virtue of integrity would ensure the non-exploitation and non-deception in doctor-patient relationships.

Compassion

Madam L, a 58-year-old businesswoman, was admitted after her son found her lying on the floor at home, breathless and in pain. A computed tomography (CT) scan showed a large abdominal-pelvic mass of unknown origin. Her son related, "When I was in the hospital, all the doctors looked at my mother's scans with worried expressions. They spoke anxiously to each other for such a long time, but only talked to me briefly, and explained everything so fast that I only caught the word "operation"! We could not afford the surgery the doctors recommended so I would prefer to return home to Indonesia where she has friends and relatives. All I want to know is how to help her feel comfortable." The patient was discharged "at own risk (AOR)", and the family was not referred to social workers because they would be leaving the country soon.

Compassion is a deep understanding of another's suffering, and a sincere desire to help relieve the suffering. Compassion is the core value of medicine as it supports all the arms of the goals of medicine, and

a compassionate doctor will be able to deal with the ignorance, inconsistent behaviours and demands of a patient in his/her illness and understand that such reactions may be due to fear, grief and frustration of not knowing what will happen next.

Compassion reflects the physician's willingness to share the patient's anxiety and to attempt to understand what the sickness means to that person. While planning complicated therapies and deciding on the most potent drugs, a true professional would not forget to show compassion by acknowledging the patient and his/her caregivers, enquiring about their well-being and concerns and keeping them informed about the patient's condition. This simple act of empathy would greatly alleviate the anxiety of a layperson who would otherwise feel lost in the midst of a jargon-laden exchange amongst the doctors. There is often much more that can be done for the patient even when circumstances prevent physicians from giving the best treatment.

The case above illustrates how doctors do forget that medicine is not just about diagnosing and treating the disease. Sometimes what a cancer patient wants is not the latest most aggressive chemotherapy but to simply spend the rest of his/her life with his/her family at home. Madam L's son may not have been able to afford the surgery but would have benefited tremendously from knowing the natural history of his mother's condition and practical advice on how to care for her upon their return home to Indonesia.

Compassion may sometimes be brushed off as simply being a "soft" trait of kindness or empathy, but it really is a reflection of a physician's respect for others. Patients and fellow healthcare workers alike appreciate that someone respects them enough to care about their real concerns, and can easily detect a lack of compassion even in a doctor who is bright and competent. This is why compassion is a fundamental virtue in medicine, and it is important to recognise and encourage it.

Discernment

Mr O was distraught. His wife needed a liver transplant as her liver was failing from hepatocellular carcinoma, and he was a match. She had weathered many infections and after finally recovering from her last bout of pneumonia, was extremely weak. This was her one last window of opportunity for the transplant surgery, but even with this she was likely to have to deal with many medical complications during her recovery. At

the same time, he was aware of the risks involved if he underwent surgery and both of them were down. He worried about their three young children — who would take care of them if both of them died? How would they cope if he suffered complications and his wife recovered. He was in a dilemma about whether or not to go ahead with the liver donation for his wife.

The medical team — doctors from the medical and surgical transplant teams and social workers — deliberated over this. In the end, they decided that it was unfair to place the decision solely on Mr O's shoulders and to have him deal with the guilt of letting his wife die. They told him that due to her poor health, she was no longer a candidate for a liver transplant. Mr O's wife died the next morning.

Discernment is the appropriate insight, understanding and judgement uninfluenced by personal prejudice and fears. Under complex and uncertain circumstances, discernment is necessary to make sound decisions. In clinical medicine, the physician is required to consider and balance the medical facts of the case, the risk and benefits of medical interventions, the social and economic situations of the patient and family.

For instance, conflicts of interest may arise when a patient may have to decide between treatment options and weigh them against cost. Patients who are terminally ill also have various end-of-life issues like making and following advanced medical directives, and the withdrawal of life support. Even though decision making is a shared process between physicians and patients, patients often rely heavily on the doctor's recommendations when making decisions because they believe that as experts in the field, doctors would know best what to do.

The case above is an example of a dilemma that Mrs O's doctors faced. While a liver transplant may be the only small chance of cure for Mrs O, there was a significant risk that she, her husband (donor) or both of them may suffer complications from the procedure. In the event of both of them did not recover well, their children would stand to lose both parents. However, leaving the decision up to Mr O would be psychologically traumatising for him. Handling such situations is delicate and having the ability to weigh the emotional, social and moral aspects of a given problem is critical for a good outcome.

Trustworthiness

Mr A, a 60-year-old diabetic with a history of congestive heart failure was admitted to the hospital with severe

pneumonia. His stay was complicated by an episode of hypovolemic shock secondary to a bleeding stress ulcer. In the protracted course of his treatment and resuscitation efforts, many doses of intravenous medication were administered and the fluid overload resulted in him developing dependent oedema of the legs. Mr A asked the doctors to cut down on his IV medications but his requests were ignored. Following this, Mr A developed cellulitis over his left ankle and shin. He was upset about this but kept it to himself. During rounds, the team doctors who had been treating him discussed with each other whether to prescribe an IV or oral medications and compared the costs of each choice. They then informed Mr A of their decision to start IV antibiotics without any explanation and carried on with the rounds. Mr A was even more outraged because in his limited understanding of English, he thought that the doctors were trying to cut costs by giving him an IV instead of oral antibiotics and he did not trust that they were acting in his best interests.

A trustworthy professional is one who is truthful and reliable both in terms of **competency** and **behaviour**. The clinician who is trustworthy must possess the necessary skills and knowledge to deliver a good standard of care to patients, and must also display consistent and reliable behaviour.

In order to build trust, honest and open communication between patients and doctors is essential. The doctor has to keep the patient informed about his treatment to assure the patient that the best course of action has been taken. To have credibility, a doctor must also understand and address a patient's concerns. It is important to either clarify the reasons for choosing a particular treatment over another, to allay their fears or to propose alternative treatments which may be more suitable for the patient without compromising his care.

In the case of Mr A, the patient perceived the team doctors as untrustworthy due to a breakdown in communication while treating him. He was still doubtful when the situation was explained to him later on which goes to show that trust is not something that is easily obtained. Mutual respect and trust needs to be earned through reliable care, consistent expression of sincerity and good communication.

Conscientiousness

Madam F is 48 years old and works as an accountant. In the past 2 years she has been admitted to the hospital repeatedly because of severe atrial fibrillation that was not well-controlled. Each time she was admitted,

she was seen by different doctors, and the attending team of doctors gave her the same drugs at the same doses on discharge. It was later found that her warfarin doses were not well titrated, and upon careful titration and charting of her progress over the next 5 months, Madam F felt well enough to return to work and no longer required frequent hospitalisations.

Conscientiousness is a discipline in being careful, thorough and proficient in carrying out one's work. Conscientiousness is a virtue that cannot be compromised because medical decisions made by clinicians have a major impact on patients health, and their social, psychological and economic aspects of life.

The mark of a conscientious physician is someone who makes an effort to provide optimised care to each patient. This virtue is necessary to handle 3 main challenges: the **rapid flux** of medical information, the **volume of work** involved in patient care and the **diversity** of patients.

Firstly, an integral part of being a physician is to master the core knowledge of medicine, and after that, to keep abreast with the developments in the field of medicine. Secondly, most healthcare settings include hefty workloads and a brisk working pace, and due diligence on the part of the medical professional is needed to cope with and complete all responsibilities. Working in teams, especially, means that if one person is lazy, somebody else in the team can cover his duties. This however would delay the entire team's progress and is unfair to those who have to shoulder extra work. Thirdly, patients are different from each other: they come with different problems and respond differently to therapy. Providing care to a patient and making good medical decisions therefore requires that they be monitored carefully by someone who is conscientious enough to understand up-to-date evidence and guidelines.

Humility

Dr A has a reputation of having brilliant clinical acumen for a medical officer. She is often praised by the senior members of her team and has become the next-in-line for a promotion. One of her patients, Ms Z, a pregnant 21-year-old student, has however presented with complaints that left her perplexed: she has a 2-day-old rash that has not improved with any medication that has been given so far. Her main concern is her unborn child: does she have an illness that could harm him? Over the weekend, Ms Z's rash started to abate. Dr A decided not to investigate the rash any further because she

remembered the head of department emphasising that a good doctor does not need to rely on multiple laboratory or radiological investigations to make a diagnosis. Dr A dismissed the rash as an atopy and discharged the patient. When Ms Z expressed her concerns, Dr A confidently told her "We have carried out all the necessary investigations and this is definitely not a serious problem". Ms Z's child was later stillborn. When Ms Z tearfully asked Dr A why the diagnosis was missed, Dr A became very defensive and proclaimed "You have a very rare infections. Nobody could have diagnosed this!" Two weeks later, Dr A received word that a complaint had been filed by Ms Z against her.

Humility is the unpretentious self-efficacy and balanced sense of one's importance and ability.

Medicine is not an exact science. Part of being a good physician includes recognising the limitation of one's knowledge and capabilities, and to be humble enough to acknowledge this. Conscientiousness is then needed for the physician to actively keep up with the changes in medical literature, and to seek advice from others when unable to do so. For instance, junior doctors have gaps in experience and knowledge and should consistently seek advice and guidance from senior staff. The virtue of humility drives self-development, a conscientious approach to problem-solving, and a willingness to ask and receive help from others. This enables one to be a good team player and leader which ultimately translates to good and safe medical practice.

It is also important to be humble when communicating with patients. Doctors have to recognise that their practice has limitations, and to admit these limitations to the patient. Humility is especially important when medical mistakes are committed as patients are more likely to forgive if an honest disclosure and an apology was offered. Humility may sometimes be misconstrued on superficial assessment as lack of confidence. However appropriate humility with sincerity builds mutual respect and trust in human relationships. In Dr A's case, had she been upfront with Ms Z and apologised for missing the right diagnosis and beginning any necessary treatment earlier, her humility and explanation would have at least provided Ms Z with a sense of closure.

Courage

"We knew nothing about SARS initially — was it a bacteria, virus, pandemic flu? Was it spread via the airborne or droplet route? Did our personal protective equipment work? For a long time, it did not even have a name. The utter lack of knowledge about

the disease, except that 1 in 5 patients with SARS required ICU care and half of whom died, was frightening. It was terrifying to turn up for work and face an unseen lethal enemy, while being uncertain about the efficacy of protective measures.

To me, even more worrying was to wonder every night when I returned home to my family if I had brought SARS home. I know that I would never forgive myself if my baby daughter or wife were to come down with this disease because of me. Many asked me, why didn't you simply not show up for work? In many parts of the world, and certainly in Singapore, this did not happen. Healthcare workers continued to perform their duty of care despite the risk to their personal safety. The comradeship was very strong and I am proud that we rose to the challenge. Five healthcare workers lost the battle against SARS that year; however the Singaporean medical community emerged stronger and more prepared for future crisis." — Dr P, Respiratory Physician, during the SARS pandemic.

Courage is stoic, calm endurance in the face of grief, pain and the unexpected. It is not the absence of fear that defines a courageous individual, but the willingness to face these fears. Courage in medicine should be based on competence and experience dealing with difficult situations. Its development is supported by reflective and intuitive **calm**, a dispassionate **endurance** of difficult times knowing that they do not last, and the background of compassionate kindness in dealing with all situations. Cold hearted, ruthless courage based on arrogance or overconfidence, on the other hand, is not useful for the medical practitioner.

The SARS pandemic in 2003 was a heartwarming display of courage, where brave clinicians stood their ground despite the imminent threat of infection with a fatal virus. It is important to note, however, that courage is not important only in times of crisis, but in the day-to-day practice of medicine: from overcoming fears of occupational hazards like needle stick injuries or infectious disease, to admitting to errors made in practise despite knowing that there may be consequences, for instance in cutting a nerve by mistake during surgery.

Courage is what enables a person to uphold his virtues. It is easy to name the virtues that are important in medicine, but it may be difficult to behave in a virtuous manner when telling the truth could risk upsetting the patient, or worse, lead to legal action. It may be easier to practise what is popularly termed

“defensive medicine” — to ensure that one simply follows practice guidelines strictly and to a point only sufficient to prevent professional or legal sanction. Moral courage helps a physician to strive for virtuous deeds, instead of simply doing enough to avoid breaking a rule or regulation and is essential in protecting patients from impaired professionals, economic exploitations and unsafe practices and systems.

Virtues can be developed, and can also be eroded by external factors. Courage is critical to the profession because it enables the medical practitioner to defend these virtues, and to pass them on to other practitioners.

CONCLUSION

We have identified 7 core virtues that are important and relevant in professional medical practice — integrity, discernment, compassion, trustworthiness, conscientiousness, humility, courage. A clinician armed with these character traits would stand in good stead when faced with the challenges of medical practice, where corrupt practice can be the result of temporary gain or convenience. These virtues do not stand alone: Each one supports others and is in turn supported by others. A virtuous physician is greatly enabled by his virtues to do what is right, even if rules and regulations of his profession do not demand it.

These virtues are universal to all humans, and if taught well, any normal person, and indeed any medical student or trainee, ought to have the capacity to become a virtuous person.

The main challenge for the medical community is in integrating virtue ethics into the practice of medicine, so that it is not forgotten in the routine and hectic schedules of the healthcare system. Unlike ethical principles which can be reasoned and taught directly, the virtue ethics emphasises character rather than rules and regulations.

Medical education should be revised and consciously incorporate courses on ethics, with the aim to create future generations of doctors who are **aware** of the potential challenges that they may face, and aware of the virtues that they need to identify to help them deal with these challenges. Similarly, on the ground, there must be good leadership at all levels who recognize the importance of developing virtuous physicians, and who contribute to it either by active teaching or by being positive role models.

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