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The Role of Philosophy in Healthcare and Medicine

Philosophy and ethics will remain intertwined with the everyday lives of the people - almost all decisions involve and rely on some part of one's moral principles. This fact is even more significant when it is applied to a medical and/or healthcare setting: a setting in which all physicians, nurses, and other staff alike must maintain an objective, unbiased, and impartial stance in all matters. It is a stance that must be maintained with all patients in order to provide a consistent level and quality of care for all they treat. Despite the attempts to regulate and instill a framework for the ethics and moral principles that medical staff should follow, there are still discrepancies in the quality of care given to patients and that is reduced down to human nature. If one's morals and ethics always influence their decisions in a regular setting, then surely personal morals and ethics will play a part in the decisions made in a healthcare/medical setting. This essay will further explore the role of philosophy in healthcare and medicine, and the impact that moral/ethical principles and ideas such as logical fallacies, and virtue ethics, have on the quality of care given to a patient and the overall outcomes of health.

Many countries have healthcare systems in which a moral standard and code are implemented. This further aids in the consistency of treatment that is expected of physicians as well as their moral objectiveness in all patient cases. The basic and minimum guidelines for ethics in healthcare were developed from the Hippocratic Oath, an oath of ethics that was sworn by new physicians. Today the Oath has become the four pillars of medical ethics as it is now ethics that drives the behavior of physicians. Paul Nisselle in the "Essential Learning: Law and

Ethics", reiterates that the four pillars are autonomy, beneficence, non-maleficence, and justice (Niselle). This framework requires that throughout treatment, physicians will: give the patient complete freedom to make their own healthcare decisions without coercion, ensure that all the work and procedures done are for the good of the patient and that the procedure will also not harm the patient or others in the community, and establish that the treatment given is available to all and not exclusive to a certain set of people (the physician will not discriminate). This standard was required in the healthcare system to guarantee that all medicinal treatment is deemed ethical and allows for the treatment plan to be built upon these values. The four pillars of medical ethics also act as a reference if there is any confusion or conflict during the treatment, either between the physician and patient or another member of staff, etc. (Boyd).

Although this ethical framework has been in place for decades, it does not negate the fact that a physician's own personal moral and ethical principles will still influence the decisions they make regarding the patient's healthcare. The extent to which their personal principles play a factor in the treatment of a patient will always vary but it will, in most situations, be a present factor. In other circumstances, some physicians will also base the treatment on a completely different philosophy that emphasizes the perspective and the person in the case, rather than utilizing the four principles that may not be best suited to deal with their patient's case (Boyd). The latter point also highlights another issue some physicians may have with the four pillars of medical ethics: sometimes what the pillars tell doctors to prioritize and base their decisions on, is of no benefit to the patient and may have more adverse effects than intended. In such cases, personal morals and ethics will have a stronger influence on the care and treatment of the patient - this may not always be fair. For example, if a doctor has just had a child and they are now caring for a pregnant patient that requires surgery to fix an abdominal issue, they may now put in

the extra effort to find and advocate for a course of treatment that better secures the safety of the unborn baby and the mother even if it is riskier than a safer treatment that has a much higher chance of survival for the mother alone. This now conflicts with two of the four pillars: justice and autonomy. The doctor may not have been motivated to give previous patients the same riskier treatment option because they had not yet become a parent and so would not have put such emphasis on saving the baby's life too. Their new experience as a parent would also push them to direct the mother to the course of treatment that has the potential to save the life of her and her child - this affects the patient's autonomy.

In the previous example, it is clear to see that a personal experience can change the morals and values of a physician and in turn be the main driving force for treatment, even though the four pillars of medical ethics are the standard to be followed. Personal experiences affecting one's morals and ethics are not the only way in which the quality of care given and the final outcome of health are affected. The philosophy of medicine is very complex and considers factors and other variables that may not be relevant in everyday life but when the lives and health of people are involved, these otherwise negligible or unimportant influences, suddenly become rather pertinent.

The moral duty and obligations of a physician can also be affected by the phenomena that develop internal morality. Most morals in medicine are usually formed or adapted from an external source, i.e. ethical/philosophical framework like the 'Four Pillars', but internal morality differs from these externally formed morals due to it stemming directly from the clinical relationship and encounter between a physician and their patient (Pellegrino, 559). External sets of ethics fail to acknowledge how the relationship that forms between the physician and their patient can ultimately affect the judgment of the physician and completely alter the course of

treatment. Using the previous example, as well as the personal experience that the physician uses to influence their decision, they will also develop a relationship with the patient in which they both become more informed about the other. If the patient is the one that is now strongly voicing her stance of valuing the baby above her own life, then she has full autonomy and will explain her views on the treatment she wants to the doctor. Through this relationship, the physician (acting through internal morality), and truly considering the most suitable course of treatment for the patient by taking into account their wishes and needs as well as the ethical framework, may decide to do the riskier surgery for the woman in the aim of saving the life of her and the child rather than just the woman. This decision will have more risks and may have more complications but in the long term, when the woman and child have recovered and are both well, it will be seen as the most appropriate course of action for that specific patient.

One can argue that the above example is how medicine and clinical decisions should philosophically and ethically be approached. If the end goal of medicine is the 'good of, and benefit of the patient' then the involvement of the patient in the process is crucial to the success of medicine (Ben-Moshe). Internal morality is an inexplicable factor in medical decisions and yet is not included in the governing principles of medical practice. If this is the case, then the properness of the current ethical practices of medicine may be questioned. The good of the patient and the success of medicine cannot be achieved without an established physician-patient relationship. Such a relationship influences and shapes a physician's internal morality as their morals and obligations evolve as they build personal relationships with their patient. However, Edmund Pellegrino, in the 'The Internal Morality of Clinical Medicine: A Paradigm for the Ethics of the Helping and Healing Professions', believes that goals and ends are all external to clinical medicine, despite there being a case for internal goods within the field. More so, he

expresses his concern about an end-oriented mentality within internal morality and ethics as it may have negative implications for the good of the patient (Pellegrino, 564).

Clinical medicine cannot exist without internal morality – it must be highlighted by governing bodies so that it can be regulated and continue to be utilized for the good of the patient. Similarly to how internal morality can positively influence a medical decision, it can also fray the lines of professionalism if there is not a framework and guidelines in place to control its impact on medical decisions. The virtue of internal morality may decline into dangerous territory if left unregulated.

Virtue ethics is another philosophical factor that affects the outcome of medical decisions and health. The meaning of virtue itself is heavily philosophically contested. Traditionally-known philosophers, like Socrates in Plato's 'Meno', posed that virtue is one's ability to achieve good. This definition is flawed, as 'good', is subjective and dependent on individual perspectives — the term lacks a universal consensus on its definition. On the other hand, Aristotle's theory on what virtue is, is also related to the definition of 'good' which he based on what the 'good life' is. His theory entails the formation of a strong moral character from good habits that will eventually materialize a theoretical 'good life' into reality. These good habits are the foundation of virtues. With a diverse philosophical debate on what virtue truly is, the definition used for the purpose of this essay is that virtues are "habits of the heart", an a posteriori "blend of intuition, reasoned choice and empathy for one's fellow humans" that are a representation of an "amalgam of reason and emotion, which is required in order to live consistently within one's moral commitments" (Campbell). A physician's moral commitments in their personal and everyday life, however, may conflict with their moral commitment and reasoned choice in the hospital/healthcare environment.

A single person is capable of possessing multiple identities, that shape their positionality in society. With each identity, comes a unique set of values, morals, obligations and virtues. These identities, also require prioritization – the prioritized identities will affect the virtues and morals utilized to make a decision. For example, a physician from a cultural group that still traditionally practices female genital mutilation, may come to have a patient that organizes the FGM procedure for young girls in their local community. Though, first and foremost, the person's identity as a physician is prioritized at the time, they may still encounter wanting to act upon the virtues of their identity as an aware member of their cultural group that is against the procedure of FGM. Their identity as such a member of their cultural group encompasses a set of virtues that contest and bring awareness to injustice, as well as helping and protecting the vulnerable. As a physician, the appropriate virtues to display would be impartiality, trustworthiness, and compassion.

However, acting upon these virtues as a physician will not produce the same influence or response as if they acted upon these virtues as a member of their cultural group. Their response in their cultural identity may cause them to bring in local authorities or outside agents to enact justice, which ultimately deteriorates the doctor-patient relationship. In this battle of virtues, the same "habits of the heart" and "empathy for one's fellow humans" (Campbell), are displayed but in different manifestations. Such moral dilemmas are, once again, impactful on the outcome of health for a patient, as social issues that influence the virtue of a physician, may affect the patient socially. Consequences like these may decrease the fruitfulness of the physician-patient relationship which affects the patient's ability to fully express and have their wishes fulfilled in their healthcare.

Lastly, the role that logical fallacies play in the quality of care given to a patient, must not be overlooked either. These fallacies are irrational and false methods of reasoning. They are dangerous due to how they can covertly portray themselves as biases that may go undetected to the unaware eye in everyday life. Logical fallacies can affect clinical decision-making to the extent that they may lead "to a reduction to the efficacy or application of robust evidence to care" (Wynn). This becomes evident in situations described in Amy Tan's, 'A Mother Tongue', in which her mother's experience at the hospital, at the hands of the clinicians, was unnecessarily negative due to biases derived from logical fallacies (Tan). The Texan sharpshooter and strawman fallacies were in effect during Tan's mother's incident as the clinicians undermined her claims and concerns due to how she expressed them with an accent that was not similar to theirs. Though all her claims were justified and reasonable, her foreign dialect was perceived to be a sign of weakness in English comprehension: they did not believe her claims were valid due to her lack of English proficiency. Logical fallacies, like these, ultimately lead to negligence on the part of the clinicians.

Philosophical factors, when unchecked, inherently produce unwanted effects and influences on clinical decision-making. The solution to the bias and disparities seen in medicine is the preparation of physicians to face these internal dilemmas and ethical conflicts, with avid philosophical training. With such in-depth training, they can recognize and acknowledge their cognitive biases earlier on, and if not recognized by them, their counterparts can hold them accountable. Understanding principles such as virtue ethics, and logical fallacies and emphasizing their application in the healthcare setting, will equip clinicians to better cope with these factors when making medical decisions. The overall outcome of health for a patient may be improved drastically with this step towards ethical reformation.

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