

LISTENING TO THE VOICE OF THE VULNERABLE

According to Nietzsche, to care for the vulnerable is to succumb to a restrictive enslavement to a Judeo-Christian petty bourgeois mentality (he always was a snappy writer). For Nietzsche the strong should exert their natural dominance over the weak.¹

Fortunately, although Nietzsche offers many relevant insights into the human condition, most of us disagree rather strongly with him on this. And that's the point. Call me a Judeo-Christian petty bourgeois thinker if you will, but I have always been rather glad of our own College motto: *Cum Scientia Caritas* — with science I care. And that is our job — to be rational carers. The unique perspective of the doctor that embraces both science and humanity.

As doctors we see both the robust and the vulnerable. By and large we doctors are a pretty robust lot, but we also know ourselves ultimately to be vulnerable. Unless we get run over by a bus most of us will experience what it is to be vulnerable in the end. But the good news is that, whatever Nietzsche might say, most people who have known security and care themselves will recognise that caring for others is a central part of what it is to be a flourishing human being.

How much of a duty of care do I owe to whom, and how often?

I drag Nietzsche into this discussion not just for a punchy opening line, but because he represents a distinctive position. Possibly a somewhat extreme position, but one that you will find represented often enough in our world.

Perhaps the opposite position could be represented both by the feminist tradition of the ethics of care, and the Christian/universalist tradition of our equal moral worth within the gaze of the golden rule: *'Do unto others as you would have them do unto you.'*²

But why a debate, as if it was a spectrum? If so, surely we should all squeeze up to the caring end, on the side of the angels? But life is not straightforward. I only have so much care that I can give. How much care should I give, and to whom? Should I spend as much time seeking to care for the poorest billion of the world's population as I do in caring for my patients? What about caring for my

family — and what about caring for myself? Most doctors are comfortably off, and on average we tend to be physically healthy, but mentally less so, where we sometimes resemble Shakespeare's *'... care-crazed mother to a many sons.'*³ And this itself is a problem. And not just our problem, because a care-crazed doctor is less likely to be a compassionate and competent doctor.

So we must find our place within a spirit of rational and moderated care (and I'm not suggesting that the feminist or Christian positions suggest otherwise).

And this is where vulnerability fits in. One of Raanan Gillon's great contributions to medical ethics is the concept of scope.⁴ How much of a duty of care do I owe to whom, and how often? We need to focus our care on those with the greatest need, and on those to whom we can do the greatest good. And these are not always the people who make the greatest noise. And they often do not have fashionable problems.

So let us listen for the voices of the vulnerable.

In this month's *BJGP* we read of frailty and vulnerability, both physical, mental, and social. Our modern world has seen much technological progress, yet seemingly little progress in the human condition. But we can be grateful for a medical tradition that seeks to care for the vulnerable.

Nietzsche may be dead but *Scientia* and *Caritas* are not.

David Misselbrook,
Deputy Editor, *BJGP*

REFERENCES

1. Nietzsche F. *On The Genealogy of Morals. A Polemic*. London: Penguin Classics, 2013.
2. *Holy Bible*. Matthew 7:12.
3. Shakespeare W. *Richard III*, Act 3, Scene 7.
4. Gillon R. Medical ethics: four principles plus attention to scope. *BMJ* 1994; **309**(6948): 184–188.

DOI: <https://doi.org/10.3399/bjgp21X716597>

EDITOR

Euan Lawson, FRCGP
Lancaster

DEPUTY EDITOR

David Misselbrook, MSc, MA, FRCGP
London

ASSOCIATE EDITOR

Nada Khan, MSc, DPhil, MBBS
Leeds

ASSOCIATE EDITOR

Samuel Merriel, BMedSc, MSc, MRCGP
Exeter

ASSOCIATE EDITOR

Thomas Round, BSc, MRCGP, DRCOG
London

HEAD OF PUBLISHING

Catharine Hull

SENIOR ASSISTANT EDITOR

Amanda May-Jones

WEB EDITOR

Erika Niesner

ASSISTANT EDITOR

Moir Davies

ASSISTANT EDITOR

Tony Nixon

ASSISTANT EDITOR

Thomas Bransby

DIGITAL & DESIGN EDITOR

Simone Jemmott

EDITORIAL ASSISTANT

Margaret Searle

EDITORIAL ADMINISTRATOR

Mona Lindsay

EDITORIAL BOARD

Luke Allen, MRCGP, BSc(Hons), PGCert, PGDip, MPH
London

Carolyn Chew-Graham, BSc, MD, FRCGP
Keele

Hajira Dambha-Miller, PhD, MRCGP, FHEA
Southampton

Graham Easton, MSc, MEd, FRCGP, SFHEA
London

Adam Firth, MBChB, DTM&H, DipPalMed
Stockport

Benedict Hayhoe, LLM, MD, MRCGP, DRCOG, DPMSA
London

Jennifer Johnston, PhD, MRCGP
Belfast

Brennan Kahan, BSc, MSc
London

Constantinos Koshari, BSc, MSc, DPhil
Oxford

Peter Murchie, MSc, PhD, FRCGP
Aberdeen

Obioha Ukoumunne, BSc, MSc, PhD, FHEA
Exeter

Peter Schofield, BSc(Hons), MSc, PhD, PGCert
London

2020 impact factor: 5.386

EDITORIAL OFFICE

30 Euston Square, London, NW1 2FB.
[Tel: 020 3188 7400, Fax: 020 3188 7401].
Email: journal@rcgp.org.uk / bjgp.org / @BJGPjournal

PUBLISHED BY

The Royal College of General Practitioners.
Registered charity number 223106. The BJGP is published by the RCGP, but has complete editorial independence. Opinions expressed in the BJGP should not be taken to represent the policy of the RCGP unless this is specifically stated. No endorsement of any advertisement is implied or intended by the RCGP.
ISSN 0960-1643 (Print)
ISSN 1478-5242 (Online)

