

# Waving not drowning:

virtue ethics in general practice

Our world contains moments of change. The assassination of John F Kennedy, the death of Princess Diana, the first broadcast of Monty Python. At a more modest level I remember listening to the Beatles' first hit, *Love Me Do*, blasting out from my elder brother's bedroom on a Sunday afternoon in 1962. Little did I realise that the brown austerity of the 1950s was passing and that the 60s had arrived!

### PART OF THE CULTURE

Changes in the medical world don't happen in a vacuum. They happen within specific societies and within specific cultures. It may be difficult to gauge changes in the culture of medicine, as we are embedded within it. Alasdair MacIntyre sees 20th century social life as a 'concrete re-enactment of 18th century philosophy'.<sup>1</sup> He sees this as a blind alley. In his game-changing work *After Virtue*,<sup>1</sup> MacIntyre states that:

*'The barbarians are not waiting beyond the frontiers; they have already been governing us for quite some time.'*<sup>1</sup>

MacIntyre's work, followed by others such as Rosalind Hursthouse and Philippa Foot, reintroduced Aristotelian virtue ethics into the late 20th century Western world. It is an increasingly important paradigm in the wider sphere of moral debate. MacIntyre's hypothesis is that we have lost a shared sense of morality as an integrated part of our culture. There is a downgrading of commitment to the vulnerable and sick.

MacIntyre argues that we need to return to an Aristotelian concept of virtue, or human and societal excellence, based on an understanding of the nature of our common humanity itself.

### REAL, GOOD MEDICINE

As doctors we are part of our broader Western culture. Our ethics, our professionalism and our social norms relate to this broader context. Many feel there is a significant imbalance, even malaise, within the actual practice of medicine in the UK.

Evidence-based medicine (EBM) is perhaps the dominant paradigm in current practice. Who can argue with evidence? But who decides what is admitted as evidence? Psychosocial factors seldom get a look in, and evidence can easily be hijacked for managerial ends.<sup>2</sup> We can see the boom in

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EBM as a clash of discourses. In practice, EBM often means biomedical algorithms usurp judgement. This is contrary to the original proponents of EBM who were clear that good medicine involved:

*'... the more thoughtful identification and compassionate use of individual patients' predicaments, rights and preferences in making clinical decisions ...'*<sup>3</sup>

In reality we have to tack on other perspectives, as our 'real' medicine is defined by biomedical science in a way that excludes other human considerations. This contrasts with the concerns of real patients who believe that 'being treated with dignity and compassion is as important as getting the best medical treatment'.<sup>4</sup> For if we consider only the evidence of EBM we will end up being forced to consider the evidence of the Francis enquiry.<sup>5</sup>

### APPLYING VIRTUE THEORY

We have become used to guidelines telling us what to do and documents telling us how doctors must behave. But Moros states that *'almost every action within the medical setting ... contains two judgements, one ethical and one scientific'*.<sup>6</sup> What if our whole duty-based, rule-based, approach is a mistake? We cannot operate in the real world by an increasingly complex series of rules. The real world demands professional judgement. So perhaps, instead of asking what we should *do* we should be asking what sort of people we should *be*. But mere anecdote withers before evidence. Alternatives to biomedical evidence need strong and intellectually credible grounding. Narrative-based medicine has never found a strong home within the medical world.<sup>7</sup>

Values-based medicine makes a strong bid, but who is to determine those values?<sup>8</sup> Might Virtue Theory fit the bill?

This issue of the *BJGP* carries a review<sup>9</sup> for Peter Toon's new book<sup>10</sup> *A Flourishing Practice?* Toon uses MacIntyre's *After Virtue* to analyse the medical world and to propose how we can reshape it. This is the likely final part of 'Toon's Trilogy', which seeks to start a new discourse in our understanding of GP medicine.<sup>11,12</sup> Toon is unique in applying Virtue Theory so specifically and systematically to general practice medicine.

### TIME FOR ANOTHER CULTURE SHIFT

The heart of Toon's thesis is that medicine should help patients to live flourishing lives. This follows a much broader vision than biomedicine. Such an approach cannot just be tacked on to biomedicine: biomedicine itself can impose burdens that are disproportionate to benefits.<sup>13</sup> Life cannot be partitioned into medical and non-medical. A patient may also be a parent or carer, a worker, a spouse, a practitioner, an artist, or a member of a network of friends. Our approach is therefore only valid if it will enhance their life rather than just treat their body. Toon has a good turn of metaphor:

*'... health care is akin to sanitary engineering; it is part of the underpinning of a flourishing life, and like sanitary engineering should be unobtrusive and best hidden. But when we face those challenges in life best understood in terms of health it moves, at least for a while, to centre stage.'*<sup>10</sup>

If we accept Toon's thesis then issues of human relationships are no longer in the periphery of our medical vision but

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“... issues of human relationships are no longer in the periphery of our medical vision but are central to our understanding.”

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are central to our understanding. Clinical reasoning and my role as a practitioner are not theoretical exercises analogous to engineering. Virtue Theory puts me myself, a human acting as a practitioner, squarely in the frame. Medicine is a human activity rooted in human givens, human transactions, and human relationships within the context of our wider society.

It is time for another culture shift in medicine. Toon shows us how general practice can show the way. *Love Me Do* may be going a little too far, but it is time for medicine to leave behind the austere vision of EBM as it is now practised, and mix in the brighter colours of human judgement and compassion, centred on a richer understanding of what our patients actually need.

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