

Virtues for an Ethicist

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In the past 15 years, the number of ethicists at Catholic health care systems, hospitals, and ethics centers has increased significantly. Although Catholic health care had long been a pioneer in the field of bioethics, forces like the Joint Commission on Accreditation of Health Care Organizations (JCAHO), by insisting that facilities have a “mechanism” to resolve ethical conflicts, have contributed to this growth, as have federal Corporate Compliance programs and federal offices like the Office for Protection from Research Risks and Office for Human Research Protection. The increasing complexity of medical technology likewise raises ethical challenges for patients, families and clinicians. Catholic theologians, philosophers and multi-disciplinary bioethicists, whose tradition of addressing medical moral issues systematically develops from at least the end of the 16th century, are uniquely prepared to assist with the thorny dilemmas facing these groups. Health care systems scrambled to hire qualified women and men to help steer them through the turbulent seas of technology, managed care, diminished staffing and fiscal restraint. Most of these individuals began their work as clinical ethicists, assisting in emergency rooms, intensive care units and medical-staff

education. However, recognizing the complexity of health care systems, it was not long before these ethicists also addressed the less acute but no less challenging dilemmas faced by health care administrators in executive suites and boardrooms.

While there is a growing cadre of committed persons academically primed for this challenging career, academic preparedness alone is insufficient for the task at hand. In ethics, it is not simply what one knows, but who one **is** that insures credibility, efficacy and endurance in the field. The ethicist must be knowledgeable, but if he or she is not also virtuous, they will do little to advance the ministry of the systems they purport to serve. After 25 years in the field, and a personal list of both successes and failures, several virtues stand out as necessary for contemporary ethicists in Catholic health care. By no means an exhaustive or exclusive list, these qualities ably serve administrators and clinicians in health care as well as their ethics colleagues.

Ethicists stand at a bustling crossroad of humanity. It is a place where the healthy meet the sick, the educated teach those who are untutored, life gives way to death, science faces mystery, and doubt and

despair seek faith and understanding. While the discipline requires a strong academic and doctrinal foundation, ethicists are also involved in a ministry that is first and foremost relational. Not ivory tower philosophers or theologians, they have no choice but to work with people with a variety of needs. Daily they encounter people in crisis, persons who are extremely vulnerable, persons from a variety of cultural, ethnic and religious backgrounds. Although there is a growing number of nurse/ethicists and physician/ethicists, for the most part the ethicist is neither a clinical insider nor an outsider, but often serves as a facilitator and negotiator, a listener and a guide for many disciplines.

How does one determine the most important virtues for one's profession or calling? Virtues are constitutive aspects of a person's character and the most important of them will reflect the character that is presented as normative. For Socrates, for example, the greatest virtue was wisdom, but he also emphasized temperance, justice and piety, focusing on the more rational aspect of humanity. Aristotle included the intellectual virtues but underscored more affective ones as well, including humility, honor, self-respect and "grandness of character." Christian asceticism emphasizes the theological virtues of faith, hope and charity above all others, while also upholding the cardinal virtues of prudence, justice, fortitude and temperance. Thomas Aquinas summed up virtue in the definition "habitus operativus bonus" an operative habit that is essentially good. Virtues, then, are

habitual modes of action or, in the words of Robert Bellah, et al, "habits of the heart."¹ They give structure and expression to one's character and contribute to good actions, good persons and a good society. Virtues can be innate or connatural – some individuals seem born with a particular gift. They may also be infused through grace, a gift from God. And they may be acquired, that is, developed through discipline and hard work because one recognizes the need to enhance one's character. Because ethicists, whether clinical or organizational, function in a milieu in which time is of the essence, it is vital that virtues become second nature, drawn upon at a moment's notice.

Reflection throughout my years of experience as both a clinical and organizational ethicist elevates five virtues as particularly helpful for contemporary bioethicists. They may reflect the character of the writer whom, while highlighting them, acknowledges that they are, for her, by no means connatural.

The great Jesuit spiritual writer, Alonso Rodriguez (1526-1616), in his three-volume tome, *The Practice of Christian Perfection*, wisely cited **humility** as the primary virtue, addressing it in his first chapter. The Latin root "humus" denotes the earth, standing firmly upon the ground. Aquinas calls humility "keeping oneself within one's own bounds, not reaching out to things above one, but submitting to one's superior." Humility moderates pride and vainglory; it calls forth a modest estimate of one's own worth and is willing to defer to others.

Why is this virtue necessary for an ethicist? In some circles, clinicians and administrators tend to see the ethicist as the “answer” man or woman, according to the individual esteem and a sense of power. Such treatment can go to one’s head, fostering hubris, a fatal flaw for anyone claiming to be an expert in the ethical life. The ethicist moves in circles of experts: nurses, physicians, technicians, technologists, psychologists, social workers, chaplains, and executives among them. He or she is just one expert among many, neither above nor below others. The best ethicists approach their peers with a deep sense of humility recognizing that years of academic preparation do not provide one with all the answers, all the theological principles or all the philosophical syllogisms to approach life’s exigencies.

One may achieve intellectual clarity about a proper course of action and possess proper humility to execute it, but **prudence** demands that one know the right time, place and manner of addressing the situation. One image of prudence depicted in medieval art displayed the virtue as a woman with two faces, one looking forward and one backward. She held what appears to be a colander in one hand to sift through the facts before her, and a mirror in the other for necessary self-reflection. Later, the 16th century artist, Titian, portrayed the virtue of prudence as a three-headed man, denoting the need to consider past, present and future in one’s deliberations. Thomas Aquinas taught that prudence demanded three things of the moral agent. One must seek counsel for the right means

to apply to a specific case. One must judge soundly the means suggested, and one needed the strength to command or direct their employment. Prudence seeks the *medium rationis*, helping the moral agent to maintain a balance in all things.² Without it, courage can be reckless, kindness can be frailty, and fidelity can be stubbornness. Prudence requires foresight, memory, circumspection, shrewdness, diligence, care and caution. It is not a virtue for the faint of heart, but vital for an ethicist.

One cannot hold an indispensable role in Catholic health care without the virtue of **compassion**. Precisely because the ethicist stands at a crossroads in life, he or she confronts vulnerable persons: patients, grieving and often angry families, disillusioned and displaced staff and employees, harried executives. While the ethicist hones his or her skills through a modicum of objective reality, he or she is never far from the suffering pulse of humanity. The virtue of compassion allows one to suffer with the other. Not a distant or removed pity, it extends itself and touches the other. In Mark 1:40-42, we see Jesus confront a man with leprosy. “Moved with compassion,” Jesus reaches out his hand, touching the leper, thus healing him. Those in Catholic health care, in whatever capacity they serve, commit themselves to “see suffering as a participation in the redemptive power of Christ’s passion, death and resurrection...”³ Compassion does not remove objective reality or the need for professionalism, but it serves as the backdrop from which one “does ethics.” It grounds the individual in the realization

that we are all sisters and brothers, sharing the same Creator and a common humanity. It forces one to remember, at the 250th family meeting about use or non-use of a ventilator, that one looks face-to-face with the visage of the suffering Christ.

For those persons ministering as ethicists within Catholic health care, the virtue of **religion** is foundational to understanding one's vocation. Traditionally referred to as an inner willingness to offer oneself in God's service, this virtue is not the same as religious practice or piety, although it should foster such expression. The virtue of religion engenders in the believer a reverential awe in the presence of the transcendent other. It recognizes that, whether on the clinical unit or in the boardroom, one is privileged to "stand on holy ground" as one teaches, guides, and directs others. It is what theologian Karl Barth (1886-1968), in his essay on sanctity of life (*Church Dogmatics*, Vol. 1) describes as awe, respect, reverence for the other. The virtue of religion contextualizes ethical decisions, providing a basis for wisdom and discernment. In the clinical arena, it recognizes that the decision a patient and/or family faces is one moment in a continuum of this patient's entire life and journey toward God. Similarly, in the business or organizational arena, looking at complex challenges in light of the virtue of religion enables the ethicist to facilitate decision-making mindful of the broader impact of determinations like down-sizing, mergers, acquisitions, or large capital expenses, aware that these actions either further or hinder the ministry to which Catholic

health care commits itself. While "ethics is not reducible to religion, or religion to ethics, ethics opens up to religion as its source and final fulfillment" as moral philosopher James Drane asserts in *Becoming a Good Doctor*.⁴ For an ethicist in Catholic health care, I would extend this virtue to include participation in the life of a believing community. Otherwise it could easily become individual piety, removing the ethicist from the discerning wisdom of the community that he or she purports to serve.

Being an ethicist is serious business. The ethicist deals with life and death issues. Clinicians, administrators, patients and families look to the ethicist for direction, guidance, principles and truth. This is a heavy burden to carry. Therefore, the final (and by no means conclusive) virtue I propose for ethicists is a **sense of humor**. It circles around and connects again to the virtue of humility. If one takes job, title, position and even reputation too seriously, he or she runs the risk of losing touch with one's own grounding, and thus being ineffective in one's ministry. Without being self-deprecating, the ethicist should be able to laugh at him or herself and at the numerous wry situations one meets on the elevator, in the halls and in the classrooms of one's work. Cultivating the virtue of a sense of humor gives one the ability to have a light grasp on life, leaving the ethicist open to listening to the voice of God within oneself and in the many grace-filled encounters of daily life. Furthermore, a sense of humor refreshes the soul through the gifts of both laughter and tears, enabling one to persevere in the good work to which one is called.

Development of virtues is an ongoing task for all persons. It involves practice, recognizes failure and persistently moves forward, recognizing that virtue is always *Gabe und Aufgabe*, both gift and task. Even those persons who possess an abundance of natural virtues must foster and acquire virtues. Through these habits of the heart we not only make choices and shape particular situations, but we form ourselves to become women and men of sound moral character, authentically able to lead others in pursuit of the good.

¹ Robert Bellah et al., *Habits of the Heart: Individualism and Commitment in American Life*, Berkeley: University of California Press, 1985.

² Thomas Aquinas, *Summa Theologiae* II-II, Q47, A7; Q49, A1-8.

³ United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, Washington, DC:USCCB, 2009, p.3.

⁴ James Drane, *Becoming a Good Doctor*, New York: Sheed & Ward, 1995, p. 130.