

How to interpret the ethical dimension in medicine?

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Abstract. All behaviors in medical practice, over time and in the various operating modes, are intrinsically human. However, they require explicit awareness to be understood and interpreted. The search for the question “who is man” has always involved every man - as well as the arts and sciences. For this answer, science is not enough. It is necessary to refer to concepts drawn from anthropology and face ethical dilemmas. Combining anthropology and ethics in the bioethical perspective allows us to deeply establish the necessary and ineliminable meaning that human life intrinsically possesses from its first instant to its natural end. Two dimensions characterize man in a unique way: corporeality and spirituality. These are the general and fundamental conditions within which to move to answer this crucial question. Based on this response, the composition of acting in medicine for the healthcare professional can take place, as well as the reconstruction of an authentic interpersonal relationship between physician and patient.

Key words: bioethics, anthropological perspective, ethical decision making, moral judgment, ethical competence, humanistic training, moral competence.

Introduction

Although medicine is based on scientific knowledge, it is not completely exhausted in science. It is based on the broadest and most repeated observation of sensitive phenomena, trying to develop theories that explain them. Yet, it is not pure theoretical science because it has a practical purpose: the treatment of man in the condition of disease and suffering and, therefore, in need of help” (1).

As indicated by Premoli De Marchi to understand itself, medicine must have found the answer to the fundamental question: “who is man?” And, to find this answer, science is not enough. It is necessary to refer to concepts drawn from anthropology and it necessarily opens up to ethical issues” (2).

Before identifying the decisions to be taken in research, in clinical assistance, in treatment, it is necessary to first consider how the judgment of conscience is reached, what the moral law is, what defines an act

moral and, even more, what the purpose is of human actions (3).

Conscience is one of the tools that the health care worker has to grasp the moral dimension of his intervention. Ethical reflection is a continuous and demanding request to exhibit the rational justifications of moral evaluations. The broad view will avoid reducing reflections to simple procedures of good behavior based on the mere evaluation of costs, effects and benefits, especially where innovation and technology seem to postulate it. And, last but not least, it will allow self-improvement through a good professional life committed to the exercise of virtues.

In this regard, philosophy and moral theology have accompanied in history to ensure that scientific acquisitions and moral reflections were united fruitfully in the medical profession. All medical practice, but above all the relationship with the patient has benefited: here the trust of a man marked by illness and by limitations meets and relies on the science and

conscience of another man, capable, many times, of healing and, always, to take care.

Today's issues of bioethics bring to mind the value of the dignity of the person, a fundamental principle that anthropology applies to everyone, especially to the simplest and most vulnerable subjects (such as, for example, minors), and that every legal system is called upon to recognize as inviolable (4, 5).

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Medicine's need for philosophy

In daily action and interrelation with others, every man - and the healthcare professional in particular - tries to form an adequate judgment before making the choice to make, interacting with different disciplinary levels, primarily the moral one. As pointed out by Cattorini, "It must be remembered that each of us lets ourselves be guided by moral evaluations, expressed or silent; even those who present themselves as a radical sceptic - and argue that truth does not exist or, if it does exist, is not important - has already decided in a certain direction. And you can't live otherwise: behind a choice, a decision, big or small, there is a moral evaluation" (6).

Each of us wishes to be an impartial spectator, but, however hard he tries, he is initially a gaze marked by his formation or by lived history. So, it is necessary to achieve that impartiality, assuming within oneself "the gaze of humanity, that is of any human being, endowed with feelings, passions and interests, but capable of silencing selfish passions and of considering himself as one of many" (7). The gaze of the impartial spectator, in the perspective of natural law, significantly facilitates dialogue on ethical issues and is capable of fostering relationships, even of care.

Having affirmed the need for the ethical dimension, it is necessary to take a next step: that of providing the reasons for which an evaluation is expressed and for which certain conduct is taken. And here the reasons must be "long-term", that is, not dictated by

simple convenience or necessity. First of all, as pointed out by Turollo, it is necessary "to know how to explain one's ideas and, only starting from justified reasons, it will then be possible to carry out an adequate didactic and political action" (8). Those who do ethics strive to exhibit the reasons why their choices seem appropriate to them. He tries to translate the moral values that guide him into reasoning that can be verified and even put to the test. Someone might wonder why they refer to anthropology. Isn't ethics enough?

Moral principles and values are certainly important, but without the anthropological foundation, they remain ambiguous.

For example, all refer to the value of human dignity, but by applying this value to concrete cases, they arrive at decisions in the opposite direction (9-11).

In the history of bioethics, we see how at the end of the last century it was thought that the great principles - for example, non-maleficence, beneficence, autonomy, justice, equity in resources - were sufficient to solve every case. It was soon realized that the same principle could be interpreted in opposite senses (12).

Moral values, ethics themselves, need an ultimate criterion and this is given by philosophical anthropology (13).

Only if one establishes who a man is, in what sense he is a person, can one come to evaluate how to treat him in medical practice. Only if one establishes what the good of the person is, based on his truth, can the possible good be mediated, here and now (1).

For this reason - affirms Pope Francis "to cure means to bring the person closer" (14).

Passing from the theoretical model to everyday life requires an effort to connect anthropological, ethical and specifically medical principles.

A complete look at the man and adequate ethical competence are the essential requirements for an ethically aware professional, that is, aware of the moral values at stake in the decisions he suggests or takes. Therefore "It is a question for physicians to possess, together with the due technical-professional competence, a code of values and meanings with which to give meaning to the disease and their work and to make each clinical case a human encounter" (15).

This goal is not at all different nor does it constitute an addition to that of training a good clinician, but rather

constitutes an indispensable component that requires specific education starting from the university (16). Indeed, if one recognizes in the clinic the essential nucleus of all medicine - medical knowledge and technique are aimed at the good of the patient - it follows that clinical medicine is a practice aimed at the good of a patient (3).

Now, how does the good of the patient emerge? Certainly, thanks to medical, scientific and technical knowledge, but also in constant listening to that knowledge that says who the person is (anthropology), what is due to him for justice (ethics) to arrive at the timely discernment of operational choices.

In this sense, the therapeutic gesture is not the adjustment of a broken gear or the restoration of abnormal laboratory parameters, but it is a personal act, that is, carried out by the physician towards a patient. This implies overcoming all reductionism: the patient is something more than a clinical case, and the healthcare worker is not a simple and aseptic technician.

Only starting from this premise is it possible face to traditional and innovative ethical issues of the medical profession - such as therapy consent and refusal, justice, intrafamilial communication of genetic risk, robotic surgery (17, 18).

The relationship between technical-scientific and humanistic training, therefore, remains one of the crucial issues for facing the various issues related to disease from an existential and not a purely biological perspective (19-21).

The growing attention of today's modern society to specialist and technical knowledge risks debasing the human dimension of the medical profession and the value of the human sciences in the students' education, compared to the biomedical and clinical sciences. Academic medicine has to pay greater attention to these topics in undergraduate and graduate medical curricula.

Conclusions

Before establishing how to treat and cure the patient in clinical situations, it is for the health profession to recognize his own identity and planning.

Anthropology and ethics keep alive not simply principles and duties, but the basic question of existence: "what kind of person do I want to be?"

For this reason, medicine "requires a philosophical foundation much more than other sciences, because its object is the human being, indeed in most cases the human being in a condition of suffering and need of help" (2).

A valid medicine - fair, supportive, subsidiary - therefore requires careful consideration of training to implement the ethical competence of students in the health professions to recognize the ethical dimensions inherent in their decision-making and offer to patients a better quality of care (22).

The need for "good" medicine requires us to promote the development of the human and professional qualities of healthcare, inviting the coherence of principles, values and medical action: in this sense anthropology and ethics help the formation not only of a "doctor" but of a "good doctor" (23).

The health profession is at the service of the sick person, but not only. Its exercise constitutes an opportunity for the health worker to grow in humanity (24).

This is a horizon of convergence for the man-physician so that - in the maturation of explicit ethical awareness of his thinking and acting - he can improve himself and build himself. as a good physician, and at the same time can offer the best possible good to other patient-persons.

References

1. Doldi M, Petralia P. *Curare la Persona. Il volto umano della medicina*, Fidenza (PR): Mattioli 1885; 2021.
2. Premoli De Marchi P. *Introduzione all'etica medica*. Torino: Accademia University Press; 2012.
3. Petralia P, Doldi M, Mattioli G. Ethical evaluation as a driver for value-based choice of innovative technology. *Med Histo* 2020; 5(1):e2021010.
4. Ciliberti R, Alfano L, De Stefano F, Bonsignore A. Self-determination, healthcare treatment and minors in Italian clinical practice: ethical, psychological, juridical and medical-legal profiles. *Acta Biomed* 2018; 89(1):34-40.
5. Mattioli G, Pio L, Leonelli L, Razore B, Disma N, Montobbio G, Jasonni V, Petralia P, Pini Prato A. A Provisional Experience with Robot-Assisted Soave Procedure for Older Children with Hirschsprung Disease: Back to the Future? *J Laparoendosc Adv Surg Tech A* 2017; 27(5):546-9.
6. Cattorini P. *Bioetica. Metodo ed elementi di base per affrontare problemi clinici*. Amsterdam: Elsevier; 2011.
7. Reichlin M. *La coscienza morale*. Torino: Il Mulino 2019.

8. Turolfo F. Bioetica e reciprocità. Roma: Citta Nuova editrice; 2003.
9. Habermas J. The concept of human dignity and the realistic utopia of human rights. *Metaphilosophy* 2010; 41(4):464-80.
10. Steinmann R. The core meaning of human dignity. *PELJ* 2016; 19(1).
11. McCrudden C. Human Dignity and Judicial Interpretation of Human Rights. *Eur J Int Law* 2008; 19(4):655-724.
12. Varkey B. Principles of Clinical Ethics and Their Application to Practice. *Med Princ Pract* 2021; 30(1):17-28.
13. Tosam MJ. The Role of Philosophy in Modern Medicine. *Open J Philos* 2014; 4(1):75-84.
14. Pope Francis. Discorso alla Federazione internazionale delle Associazioni dei Medici Cattolici (FIAMC) 22 giugno 2019. Available from: <https://www.fiamc.org/vatican/holyfather/papa-francesco-alla-fiamc-2019/>
15. Pope Francis. Udiienza alla Udiienza Federazione Nazionale degli Ordini dei Medici Chirurghi e degli Odontoiatri, 20 settembre 2019. Available from: https://www.vatican.va/content/francesco/it/speeches/2019/september/documents/papa-francesco_20190920_medici.html
16. Patuzzo S, Ciliberti R. Medical humanities. Recognition and reorganization within the Italian university. *Acta Biomed* 2018; 88(4):512-3.
17. Molinelli A, Bonsignore A, Rocca G, Ciliberti R. Medical treatment and patient decisional power: The Italian state of the art. *Minerva Med* 2009; 100(5):429-34.
18. Bolcato M, Rodriguez D, Feola A, Di Mizio G, Bonsignore A, Ciliberti R, Tettamanti C, Trabucco Aurilio M, Aprile A. Covid-19 pandemic and equal access to vaccines. *Vaccines* 2021; 9(6):538.
19. Gaille M, Araneda M, Dubost C, Guillermain C, Kaakai S, Ricadat E, Nicolas N, Rera M. Ethical and social implications of approaching death prediction in humans - when the biology of ageing meets existential issues. *BMC Med Ethics* 2020; 21(1):64.
20. Battistuzzi L, Ciliberti R, Bruno W, Turchetti D, Varesco L, De Stefano F. Communication of clinically useful next-generation sequencing results to at-risk relatives of deceased research participants: Toward active disclosure? *J Clin Oncol* 2013; 31(32):4164-5.
21. Battistuzzi L, Ciliberti R, Forzano F, De Stefano F. Regulating the communication of genetic risk information: The Italian legal approach to questions of confidentiality and disclosure. *Clin Genet* 2012; 82(3):205-9.
22. Hemberg J, Hemberg H. Ethical competence in a profession: Healthcare professionals' views. *Nursing Open* 2020; 7(4):1249-59.
23. Roberts LW, Warner TD, Hammond KA, Geppert CM, Heinrich T. Becoming a good doctor: perceived need for ethics training focused on practical and professional development topics. *Acad Psychiatry* 2005; 29(3):301-9.
24. Doldi M, Moscatelli A, Ravelli A, Spiazzi R, Petralia P. Medicine and humanism in the time of covid-19. Ethical choices. *Acta Biomed* 2020; 91(4):1-10.

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