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Making Good Doctors: The AMA's Code of Ethics and a Culture of Virtue

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Making Good Doctors: The AMA's Code of Ethics and a Culture of Virtue

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Harding University

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The AMA's Code of Ethics and a Culture of Virtue

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Abstract:

The American Medical Association's (AMA) Code of Medical Ethics consists of principles that ensure the legal sanctity and professional conduct of practicing physicians. These principles outline imperatives for physicians "primarily for the benefit of the patient."[1] But a physician can be terrible without violating the AMA's Code of Medical Ethics. Although the AMA's code ought not be forsaken or replaced, any code of ethics cannot make its adherents good. Physicians cannot become good following a code that neglects to address the delicacy of good habits. Further, a topical, crisis-management approach to ethical training stifles physicians whose ethical goals transcend lawfulness in the workplace. Anyone who has been a medical patient knows that a code of ethics is not a legitimate substitute for a good reputation. The Greek philosopher Aristotle maintained that human flourishing did not consist in adherence to a code, but in habituating oneself to excellent behavior. An Aristotelian culture asserts that the way to make the AMA's Code of Medical Ethics better is actually not to rewrite the code, but to make its adherents better at following it. Physicians that compose this Aristotelian culture should grasp concepts such as character, habits, virtue, community, narrative, and telos. Alasdair MacIntyre's notion of virtues as "those qualities essential to achieving the internal goods of practices"[2] actualize what virtue means in a world that believes it has outgrown virtue's systematic application. Practices are characterized by joy, rules, partners, masters, and growth. MacIntyre's conceptualization of a practice circumvents the problem of ceaseless bickering over which virtues take precedence and enhances the applicability of virtue in localized communities. Ultimately, the effort of this work is not to eliminate the AMA's code from our ethical deliberation. The AMA's Medical Code of Ethics is shorthand for something physicians can

[1] American Medical Association. (2016). AMA Principles of Medical Ethics. Retrieved May 10, 2022, from https://www.ama-assn.org/delivering-care/ama-principles-medical-ethics
[2] MacIntyre, *After Virtue*, 187.

only fully understand after they have done the work of becoming good. The code is a useful set of heuristics, but it is an insufficient statement of what it means to be a good physician. The code can only become useful after physicians become embedded in a world where reliance on Aristotelian concepts is a central part of their practice and lifestyle.

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A physician does not need a code of requirements to become bad; typically it happens without any effort. As the modernization and sophistication of the medical profession complicates the scope of ethics, organizations like the American Medical Association[3] have assumed legal culpability for enforcing right medical practice. The AMA's Code of Medical Ethics[4] avows that the courtesies and standards of decorum expected of any legitimate physician must be upheld. Under the code, physicians are exhorted to maintain strict confidentiality in regards to their patients and administer medical aid with impartiality to the best of their abilities. Principles I, II, III, and IV of the AMA's code ensure that transgressors of "standards of professionalism" are held accountable, that competent medical care is provided with respect for human rights, and that the confidences and privacy of patients, colleagues, and other health professionals are safeguarded "within the constraints of the law."[5] The AMA insists on using metrics like professional propriety and civility to authenticate good medicine. But just because a physician can practice medicine in adherence to a code does not mean he is capable of medical goodness. Implicit in the AMA's authority is the assumption that adherence to its etiquette is sufficient not only to exonerate a qualified physician from any legal blunder but is sufficient to furnish the life of a good physician. Surely the AMACE is not dispensable and physicians are right to pay attention to bedside etiquette and confidentiality. But a singular focus on the ethical imperatives found within the AMACE do more to warn physicians of potential legal mistakes than to equip them to become good. Physicians might consult the AMACE as a set of heuristics to direct them in times of alarming disorder, but what is shaping physicians to become good when physicians face scenarios the AMACE neglects to address? Physicians interested in ethical

[3] Heretofore abbreviated as "AMA"
[4] Heretofore abbreviated as "AMACE"
[5] American Medical Association. (2016). AMA Principles of Medical Ethics. Retrieved May 10, 2022, from https://www.ama-assn.org/delivering-care/ama-principles-medical-ethics

formation rather than ethical information grasp that ethical lapses occur without malicious intent and that most medical vice is gradual and subtle rather than amenable to prosecution. A hospital might provide a weekend ethics training seminar or show a video about how to avoid lawsuit, but, aside from emotionally influenced patient reviews, how are we assessing whether or not physicians are doing their best work? Moreover, the ethical education physicians receive does more to introduce them to monumental medical quandaries like fetal tissue transplant and abortion than it does to develop the delicacy of good habits. The sporadic, crisis-management approach to ethical training to which modern medicine has subscribed stifles physicians whose ethical goals transcend lawfulness in the workplace. It becomes quite easy for a physician following the AMACE to miss ethical excellence in the moment when attention to legal violations obscures the subtleties of medical goodness. The AMACE, CEJA[6], and derivative ethical authorities may excel in forming a physician immune to prosecution, but is that the sort of physician we imagine taking care of us? How much trust can patients really place in defensive medical relationships? Apparently, not much. These cherished patients - to whom physicians are bound to honor and serve -

> "increasingly think doctors are less available, less interested in them, and more interested in money than they used to be....Patients perceive doctors as…more interested in time off than service, and more exploiters than stewards of medical knowledge."[7]

Though the perception of the patient population is a subjective measure and admiration for the good work physicians do is never in short supply, patient perspectives help us realize that a code of ethics is not a substitute for a good reputation. Crafting a better code of ethics does not automatically craft better physicians. More stringent codes produce hypervigilant physicians and more reasons for them to become lawsuit-proof but not necessarily better servants of health. The

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[6] Council of Ethical and Judicial Affairs: the law-making body of the AMA made up of a House of Delegates.
[7] Pellegrino, Edmund D., and David C. Thomasma. 1993. *The Virtues in Medical Practice*. New York: Oxford University Press.

way to make the AMACE a better code of conduct is actually not to rewrite the code, but to make its adherents better at following it. Because adherence to the AMACE seems like a legal obligation, physicians who are sincere in their ethical commitment to be good people are branded as blind enthusiasts of a hollow code that promises legal immunity in exchange for their allegiance. The medical field's preoccupation with the AMACE (or the lack thereof) has made physicians well-mannered without making them good. But this is what a code of ethics ought to do. Therefore, to contain the life of a flourishing physician, the AMA Code of Medical Ethics should be supplemented with an Aristotelian culture rooted in the MacIntyrean concept of a practice. The medical community does not need an inventory of responsibilities accusing physicians of violations but a way of life to call them to goodness. This is what an Aristotelian culture rooted in MacIntyrean practices offers.

Physicians who allow the AMACE to govern their way of life at work will not overcome the moral entropy endemic to the human life. This is because the AMACE - or any code of ethics - is an insufficient rationale for physicians to see the scope of their profession's ethical responsibility. Admonitions in the AMACE for physicians to "respect the law" and "uphold standards of professionalism" are in keeping with doing medicine well, but they ought to be principles adept physicians can take for granted. Physicians must be called to something higher. Though a code of ethics can point its adherents to excellent ideals, it cannot make its adherents good. Bad people can write good codes. Debates within the profession about systemic alterations to ethical quandaries can continue. Meanwhile assiduous physicians everyday dare to fight the tides of pain with a code of ethics that does not address the technicalities of their daily habits and tells physicians to abide by the law - something we hope they already prefer to do. Physicians who find the stringent requirements of a code incompatible with the unpredictability

of medical life will welcome the paradigm shift of joy and mutual accountability that accompanies a virtue ethics approach. No amount of ethical stipulations or measures will prevent a physician who has cultivated bad habits from breaking a perfectly written code. But most physicians who possess a modicum of professionalism and decency will be unsatisfied with anything short of ethical excellence in the delivery of their care. The desire to perform excellent medicine is not in lack. What is needed is an ethical supplementation of the AMACE's principles which is impervious to a variety of blameworthy temptations, addresses the physician's person holistically - not just professionally - and whose progress can be pragmatically assessed. An Aristotelian culture anchored by the MacIntyrean concept of a practice is just what physicians need in order to convert the allegiance to legal duty into a flourishing life of medical practice.

Like medical knowledge, ethical integrity is not something you can cram for overnight or an oath you can memorize, but something you build in increments over time. As Kallenberg says, "If the burglar is breaking into the house, it's too late to start lifting weights."[8] Practicing virtuous integrity, as we will discover, is consistent and routine, but not systematic or formulaic. The manner in which a physician expresses virtue may not always fall neatly within one principle of a code of ethics or it may break the entire code of ethics in special cases. The unsystematic nature of virtue ethics elicits skepticism from those who prefer the reliability and empiricism of principle. Wouldn't holding every physician to the same standards be legally safer and logistically simpler than asking each physician to attend to their own vices of which they have no easy way of ordering? Only if sterility is the goal. It is equally true that "the interpretation of principles and their hierarchical ordering may change. Virtues, on the other hand

[8] Tousley, Nikki C., and Brad J. Kallenberg. *Virtue Ethics*. Baker Publishing Group, 2011. https://ecommons.udayton.edu/cgi/viewcontent.cgi?article=1061&context=rel_fac_pub.

… are less susceptible to change"[9] over time and, as we will learn, can be defined in terms of the specific healing intent of medicine. Ordering physicians under threat of legal action that they must perform their duties as given in a code of principles is less cumbersome than asking physicians to be more excellent in temperance and friendship and generosity than they were yesterday. And principles are not bad heuristics in themselves to guide a physician's actions. We want physicians who reliably act for the patient's good above their own and who we can trust to consistently do what they promise. But it is also true that virtue ethics is not

> "… expendable, since the character of the physician…is the agent who interprets principles, selects the ones to apply or ignore, puts them in an order of priority, and shapes them in accord with his life history and current life situations."[10]

Utilitarian moral thinking that boils down to cost-benefit analysis or universal modes of thinking about ethics do not consider the character of the person in the moment who ultimately chooses what a cost or a benefit is or whether a universal requirement is praiseworthy. Those who hold fast to medicine's aims must be given the freedom and proper training to develop their character so that competing ethical curricula do not perpetuate the neglect of virtue. My hope is that what may not be compelling about virtue ethics in the abstract becomes reasonable in a practice with a definable objective like medicine. What the medical profession needs is not strategic rewording of an increasingly perfect code, but a people devoted to becoming virtuous. Fortunately, the profession of physicians has attracted many noble people. The ethics of Aristotle and scholarship of MacIntyre attest that noble people cultivating good habits possess the ethical foundation and momentum to access virtue through practice.

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[9] Pellegrino, Edmund D., and David C. Thomasma. 1993. *The Virtues in Medical Practice*. New York: Oxford University Press.

[10] Pellegrino, Edmund D., and David C. Thomasma. 1993. *The Virtues in Medical Practice*. New York: Oxford University Press.

Having discovered that the AMACE is insufficient as a statement of what it means to become an excellent physician, what the community of physicians needs is a common language of ethical growth that contextualizes and enhances the AMACE. Physicians who familiarize themselves with the language of Aristotelian concepts can begin to forge a culture where they are self-assured in their ability to fight moral entropy and flourish. An Aristotelian culture contains but is not limited to certain tenets of the virtuous life rooted in Alasdair MacIntyre's concept of a practice. The complexities of medical life call us to examine these tenets in order to maximize the potential of the AMACE and physicians who follow it. The culture described in the coming pages consists of physicians who are knowledgeable about and possessed of the Aristotelian concepts of character, habit, virtue, community, narrative, and telos. Physicians can begin crafting this culture of virtue by looking towards a classical, but neglected, component of virtue ethics to shape their ethical activity.

If we could look at a survey of ethical perspectives, we might see that ethics consists of an act, its consequence, and an actor. The ethical prescriptions that come from the Greek philosopher Aristotle concentrate on the actor. The ethical identity and skeleton of the actor is his or her character. The word "ethic" actually comes from the Greek word "ethos,"[11] closely related to a person's character. Character forms the habits we make and also arises out of the habits we make. An emphasis on being and becoming rather than doing is the trademark of an ethic shaped by character. Approaching ethics in this way is important because commitment to principles (even prudent ones such as Principle VIII[12] of the AMACE) is secondary to and dependent on more fundamental aspects of morality like character. Following the AMACE may

[11] "Ethos" [ἦθος or ἔθος] in Greek connotes the "character," "accustomed place," "custom," or "habit" of an entity. The habits of eagles reveal that nests are the accustomed place or *habitat* of the eagle. It does not belong to man to live in a nest because it is not the accustomed place for him to reside; it is not becoming of his character. Similarly, vice is not the proper dwelling place for a man's soul; virtue is more characteristic of and belonging to man.
[12] "A physician shall, while caring for a patient, regard responsibility to the patient as paramount."

develop an unthinking habit of following good moral procedure and Aristotle does tell us that we must become obedient to reason before we exercise it. But, the AMACE does not clarify who an excellent physician will become, only what a physician who avoids lawsuits will do. Physicians who believe mending their actions will mend the source of their actions are thinking in reverse. Crafting better solutions and actions will not have an effect until the natural vices of an individual are eliminated at the source: character. So, instead of writing a code of rules that delineates good behavior or dictates a discrete set of actions, Aristotle prescribes the internal state of character from which right actions will *predictably* come. Aristotle is convinced only the virtuous commit virtuous deeds. But how are physicians, who lack the capacity to be completely virtuous, supposed to exhibit the activity? Aristotle answers that the "character, then, must somehow already be related to virtue, loving what is noble and being vexed at what is ignoble."[13] Physicians possess an internal nature to which their characters are disposed, amenable to developing a virtuous reputation. Reason is a potential within people that is actualized by means of training and a community of virtue. Any person can improve their character at any moment, though we can see how pivotal character is more clearly when we compare two physicians with discrepancies in character. A physician who chooses the right action though he has a poor reputation is less admirable than a physician who chooses the right action from a good character that we know is reliable. We admire the second physician more than the first because he is already a good person while the first may have done the right thing by chance or with the wrong intention.[14]

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[13] Aristotle. Nicomachean Ethics. In Aristotle's Ethics: Writings from the Complete Works, edited by Jonathan Barnes and Anthony Kenny, Translated by. W.D. Ross and J.O. Urmson, 207-372. Princeton, NJ: Princeton University Press, 2014.

[14] Sandlin, Mac S. "Neo-Aristotelian Virtue Ethics." Paper. Harding University. Searcy, Arkansas, 2022.

The inadequate emphasis on character in the AMACE may inadvertently place a limit on physicians who wish for better and more meaningful practice. Physicians without a method that is honest about the source of their ethical identity will not and cannot improve. An Aristotelian culture of character removes the invisible ceiling of ethical minimalism from above physician's heads, equipping them with a secure identity in which to make unlimited ethical advancement. Though character does put a premium on being, it is not divorced from the actions one takes. Who we are emerges largely from what we choose to do, though, we do not "become what we do." The formation of character requires the realization that "we become what we do habitually."

Aristotle asserts that the expression of our character is best understood as the collective of our habits and that virtues are habits expressed in a particular way. Society has come to know habits as those things that, for better or worse, are especially difficult to stop doing. We are right to think of habits as having inevitable qualities, but Aristotelian habits are not an unconscious compulsion like biting our nails or cracking our knuckles. The habits that Aristotle has in mind are virtues which have a moral quality. Aristotle's sophisticated definition of virtue is

> " … a state of character [*hexis*] concerned with choice, lying in a mean, i.e. the mean relative to us, this being determined by reason, and by that reason by which the man of practical wisdom would determine it."[15]

The Greek word "hexis" which is used interchangeably for "a state of character" implies that when ethical decisions present themselves, there exists a "second nature" embedded in our identity which has already, in part, decided for us. The etymological similarity of habit and character results from a common heritage and a common linkage: good habits build good character, which in turn encourages better habit development. Though habits depend on stable

[15] Aristotle. Nicomachean Ethics. In Aristotle's Ethics: Writings from the Complete Works, edited by Jonathan Barnes and Anthony Kenny, Translated by. W.D. Ross and J.O. Urmson, 207-372. Princeton, NJ: Princeton University Press, 2014.

character, they are also deliberative and bodily in nature. Choosing to make consistent eye contact or extend a hand to a new person are bodily habits which can serve to develop the virtue of friendship. How a physician greets a patient, how she handles medical instruments, and how she composes herself in the break room all account for a physician's habit. So, habit formation begins, not when physicians have robotically synced their habits with the principles of a code, but in any setting - clinical or otherwise - where the opportunity for virtue avails itself. The accumulation of these good habits forges good character more resistant to vicious choices. Children reared in a home where crime is habitual and accepted will typically not depart from the behavior when they are older. But, the physician with good habits will continue to advance on a good trajectory. If we wish to make physicians good, they must be of good character, and, therefore, of good habits. But, sheer repetition of an action will not bestow virtue in accordance with reason. According to Julia Annas, we must shift our conceptualization of Aristotelian habits from a ritualized routine to something akin to a skill in order to influence a physician's moral activity. Skills are not an intuitive "knack" like knowing how to crack our knuckles or flip a coin. Skills like making an incision or solving a medical problem with a team allow the learner to master the skill in ways surpassing previous iterations while repeating the same activity. "The analogy with practical skill, then, enables us to see how virtue can be a disposition requiring habituation without becoming mere routine."[16] Skills, which are Aristotelian habits, demand learning and the drive to aspire.

For physicians, learning entails the comprehension of medical knowledge relevant to medical excellence. Though learning or instruction might be overlooked as something different than or contrary to habit formation, it is a vital part of forming the habits that physicians will possess. Physicians know that the parameters for medical protocols must be taught before they

[16] Annas, Julia. 2011. *Intelligent Virtue*. Oxford, United Kingdom: Oxford University Press.

are enacted. A medical student learns that delivering optimal treatment for a disease involves consulting another physician's expertise. A physician in residency views adjacent microscopic slides to know the difference between a cancerous cell and a normal cell. A medical student is taught to ask certain questions about a patient's ability to fulfill a treatment plan before prescribing it. The instruction herein described is not the same as a physician delivering quality medical care, diagnosing a cancer, or balancing compassion with objectivity, but it is a precondition for the performance of those activities. Virtues not only share the intellectual feature of comprehending skills, but require something Annas terms "articulacy" or giving an account of our action. In order to know how to perform excellent medicine, the ability for a physician to give an account of how they do their work, rather than reference a code, is indispensable. "The ability both to teach and learn a skill thus depends on the ability to convey an explanation by giving and receiving reasons."[17] Learning is essential to character formation, though it does not encompass character formation. To forge fully fledged habits, what

> "the learner needs to do is not only to learn from the teacher or role model how to understand what she has to do and the way to do it, but to become able to acquire for herself the skill that the teacher has, rather than acquiring it as a matter of routine, something which results in becoming a clone-like impersonator."[18]

Annas, in her own style, is simply alluding to Aristotle's belief that

> "the things we have to learn before we can do, we learn by doing; for example, we become builders by building, and lyre-players by playing the lyre. So too we become just by doing just acts, temperate by doing temperate acts, courageous by doing courageous acts."[19]

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[17] Annas, Julia. 2011. *Intelligent Virtue*. Oxford, United Kingdom: Oxford University Press.
[18] Annas, Julia. 2011. *Intelligent Virtue*. Oxford, United Kingdom: Oxford University Press.
[19] Aristotle. *Nicomachean Ethics*. In *Aristotle's Ethics: Writings from the Complete Works*, edited by Jonathan Barnes and Anthony Kenny, Translated by. W.D. Ross and J.O. Urmson, 207-372. Princeton, NJ: Princeton University Press, 2014.

Learning alone will not galvanize virtue as a habit in the life of a physician. The "drive to aspire" employs the technical knowledge of learning in the pursuit of becoming someone whose acts are virtuous.[20]

What Annas terms "the drive to aspire," that is, the drive "to understanding, to self-direction, and to improvement" is the second criteria by which a sustainable habit is enacted.[21] We are unable to develop this drive to aspire on our own, so it is sustained by Sandlin's definition of discipline: "intentional repeated activity directed by an authority and carried out under that authority's supervision, encouragement, and correction for the purpose of achieving a particular end."[22] When physicians adopt this definition of discipline, they will receive the drive to aspire to virtue.

The discipline that forms habits and skills is not mental acrobatics. Habits and skills are actions, but they are actions which involve our bodies. Even studying for a medical exam - a skill which seems purely mental at first glance - is carried out more effectively when a student's posture is alert, he does not have a wandering gaze, and is not enduring distracting bodily abnormalities. In order for physicians to develop actionable virtuous habits - to truly flourish as physicians - Aristotle, alludes to a medical example to make his point:

> "But most people....take refuge in words and think they are being philosophers and will become virtuous in this way. They behave somewhat like patients who listen attentively to their doctors but do none of the things they are ordered to do. As the latter will not be made well in body by such a course of treatment, so the former will not be made well in soul by such a course of philosophy."[23]

Mere talk of virtue does not constitute a good and flourishing life. Habits must be bodily and actionable.

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[20] Annas, Julia. 2011. *Intelligent Virtue*. Oxford, United Kingdom: Oxford University Press.
[21] Annas, Julia. 2011. *Intelligent Virtue*. Oxford, United Kingdom: Oxford University Press.
[22] Sandlin, Mac S. "Neo-Aristotelian Virtue Ethics." Paper. Harding University. Searcy, Arkansas, 2022.
[23] Aristotle. *Nicomachean Ethics*. In *Aristotle's Ethics: Writings from the Complete Works*, edited by Jonathan Barnes and Anthony Kenny, Translated by. W.D. Ross and J.O. Urmson, 207-372. Princeton, NJ: Princeton University Press, 2014.

Habits are also intentional. The discipline that skills require is bodily and actionable, but not everything that is bodily and actionable results in Aristotelian habit. A student must understand why a habit her teacher performs in a certain way is blameworthy and why another way is praiseworthy. Yawning after a long nap and sighing with contentment after sipping your favorite beverage are examples of bodily activities, but they do not meet our definition of discipline because they are not intentional. Moreover, Annas points out that a piano player who merely copies Chopin's "mannerisms and style along with [Chopin's] exact way of doing things," has not played in a manner that could be called "playing like Chopin." The student's mimicry and impersonation "is clearly a failure to learn the skill, not a success," lacking the drive or intention to actually rival Chopin's excellence.[24] Hence, good skills, like good habits, are not a mimicry of the skillset taught by the master, but an extension of it. We form many habits without our will, but the formation of virtue, which requires discipline, involves the will because habits are not mindless impersonations of the master. A physician exercises her will when she is tempted to order an unnecessary lucrative procedure for a patient and instead treats the patient with more affordable methods. This habit of self-control aids her pursuit of becoming a physician possessed of temperance. The intentions physicians carry with them at any moment are important ingredients in forming which virtues or vices they tend towards and whether they resist natural appetites.

The best habits are maintained by authorities who provide their pupils with proper supervision. Physicians are acquainted with preceptorships, residency positions, and fellowships, but online video instruction, medical oaths, and even the AMACE itself act as authority figures. The authority may take the form of a personal external figure who instructs the pupil or an impersonal force taking the form of an inner voice which admonishes and tutors the

[24] Annas, Julia. 2011. *Intelligent Virtue*. Oxford, United Kingdom: Oxford University Press.

novice in their quest for virtue. Virtuous physicians will see authority figures as a gift of virtue rather than a relationship of utility on the medical journey. We need discipline in the form of an authority to attain virtue because discipline runs counter to our natural inclinations. Intergenerational relationships between physicians, resident physicians in training, and medical students are vital for the medical profession to thrive because authority figures show their tutees how to react properly to the pain of discipline and push them to persevere despite internal resistance. Finding the motivation to attend a late night study session with his professor - what a medical student might call "self-discipline" - is at least in part the encouragement and work of a community that has given him the knowledge of what discipline bestows. Though we may not think of them as such, oaths serve as an authority by representing what is communally the best thing to promise in a particular course of adversity. We do not make oaths in relationships we know will be pleasant and easy, but oaths are taken by those in marriage precisely because spouses know it will be difficult.[25] Having given themselves to the oath, it serves as an authority by chastening and encouraging them to become who they have promised. In this way, the AMACE can serve as a habit-forming mechanism to chasten physicians towards their civil duty. But, forming bodily habits that are directed towards an end presupposes not just authority but agency, something the AMACE by itself is not capable of instilling in its followers.

Habit formation requires a final criteria of discipline which involves directing habits towards their end. The directing is usually done by an authority who has tenured expertise and foresight that allows them to see the intent of a practice more clearly than a novice. The authority who directs his pupils does not assign objectives on a whim, but disciplines in accordance with the intent of the practice. For example, physicians discipline their pupil physicians to practice suturing a specific wound because they can see a weakness in the pupil's

[25] Sandlin, Mac S. "Neo-Aristotelian Virtue Ethics." Paper. Harding University. Searcy, Arkansas, 2022.

technique that the pupil cannot. There is at least an acknowledgement in the AMACE to "respect the rights" of one's colleagues, but no acknowledgement is made that any colleagues possess superior insight for virtuous instruction or that they are more than a utilitarian stepping stone to advance one's career. But, physicians may also acquire Aristotelian skills by what Annas calls "self-direction." Physicians are capable of reasoning toward their end as they take full ownership of their responsibility to the patient in any given moment. As any real physician knows, "[t]he moment comes when you have to stop just following the teacher" and insert an IV, suture a wound, take a patient history *for oneself* for "this is the point of the instruction: if you can't do it yourself in a way that is not merely parroting the teacher then you have not yet learned the skill."[26] Habits in their truest sense are accompanied by bodily action and authorities who point out the ends of any excellent pursuit.

The profession of medicine is replete with what we have called skills, Aristotelian habits, or those things "conveyed from the expert to the learner which cannot be reduced to showing the learner something to repeat."[27] We find that learning and the drive to aspire are key components of actualizing good habits. Habits lacking bodily action, the right intentions, authoritative supervision, or a purposeful end lack the discipline needed to forge the drive to aspire and cannot be called good or habit. But what makes the inevitability of habit so important?

Developing good habits plays a crucial role in a culture of ethical supererogation not least because the brain-body pathways we reinforce become the ones we are stuck with in adulthood. Those who praise Aristotle's assertion that habits are resistant to any revision after childhood may also be skeptical of my claim that physicians - all beyond their adolescence - are somehow immune to this insight. Though I do agree that habits are more resistant to change after

[26] Annas, Julia. 2011. *Intelligent Virtue*. Oxford, United Kingdom: Oxford University Press.
[27] Annas, Julia. 2011. *Intelligent Virtue*. Oxford, United Kingdom: Oxford University Press.

childhood, I do not believe this justifies a pessimistic view of character education. Pellegrino and Thomasma aptly point out why medical education is character education, no matter how reluctant students are to becoming good:

> "Medical students come to medical school precisely for the purpose of being educated to be physicians. There is a relevance and an inevitability about this fact that make character education a de facto reality. Whether the faculty wishes it or not, they do teach virtue or vice in everything they say or do."[28]

Medical education and training can craft better or worse physicians because character education is not something that stops after adolescence. A fatalistic attitude toward character development does not make the plasticity of our character less inevitable. The characters of physicians are formed either for good or bad by colleagues they consult, the oaths they follow, and authorities they revere. A flourishing community of physicians will succeed by subjecting themselves to proper training - discipline and instruction - and developing the necessary character from which to act in virtue.

Perhaps the central ingredient in the creation of a virtuous life is virtue. The ethic of virtues Aristotle concerned himself with was employed so that the sum of one's exercise of virtue corresponded to their performance of happiness (eudaimonia).[29] Eudaimonia is the divine state of being accomplished through the fullest execution of delightful virtue. The eudaimonia which Aristotle announces is not mere pleasure or the elation that accompanies honor, but is the happiness toward which all human action is aimed.[30] A truly virtuous act is an Herculean task, demanding consistent and tenured discipline from the actor, but the nature of eudaimonia is not simply either the culmination of pleasure or the result of rigorous, grimacing discipline; the

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[28] Pellegrino, Edmund D., and David C. Thomasma. 1993. *The Virtues in Medical Practice*. New York: Oxford University Press.

[29] "Eudaimonia" [happiness] means "favored by a good daimon" or deity, connoting not only pleasure or honor, but an anointed divinity.

[30] Aristotle. Nicomachean Ethics. In Aristotle's Ethics: Writings from the Complete Works, edited by Jonathan Barnes and Anthony Kenny, Translated by. W.D. Ross and J.O. Urmson, 207-372. Princeton, NJ: Princeton University Press, 2014.

greatest expression of virtue is the same thing as the truest form of pleasure. What Aristotle calls virtues are perfect means which "hit the mark" with respect to their excess and deficiency. They are promontories of excellent moral behavior bordered by two valleys of blameworthy extreme.[31] Virtues are those excellent qualities that, when possessed by a physician, allow them to experience the greatest sense of human flourishing in medical practice. However, physicians on this endless quest for flourishing take depraved routes of moral behavior. Polluting the patient's good and the good of medicine by conveniencing oneself as a physician may prove easy given a more tempting economic or professional incentive. The reader need not think hard to remember a time when a physician thought he was being dutiful, but actually was substituting his values for your own. Because virtues are not innate skills or "knacks" we know to perform like language or breathing, they require learning and the drive to aspire brought about by bodily discipline under the direction of authority. Virtues take advantage of habits we have developed, but we cannot rely on our habits alone to attain virtue. Our natures are adapted to develop habit and receive virtue, but the reception of virtue occurs only with appropriate, consistent virtuous action. Training to become virtuous is like muscular strength: you either use the ability or lose it. It is for this reason that the medical profession needs physicians training virtue: you can't fake good character. A physician of virtue with "good temper" is "angry at what he should be and with whom he should be, and, further, as he should, when he should, and for as long as he should" and will be "angry in the manner, at the things, and for the length of time, that reason dictates."[32] A physician may be able to deceive others that the object of their anger is reasonable when it is not, but the temporal variables of anger are too difficult to fake simultaneously. The physician of

[31] "Arete" is the Greek word that Aristotle uses for virtue or excellence. Geologically, it is still used to signify "a narrow ridge of rock which separates two valleys." The Greek meaning is essentially "excellence" and is tied closely with the idea of living up to one's full potential.

[32] Aristotle. Nicomachean Ethics. In Aristotle's Ethics: Writings from the Complete Works, edited by Jonathan Barnes and Anthony Kenny, Translated by. W.D. Ross and J.O. Urmson, 207-372. Princeton, NJ: Princeton University Press, 2014.

good temper either acts in good temper at the right time or he doesn't.[33] Thus, virtue is not something one follows a protocol to acquire, but something experience teaches to those who are primed to correct their vices. When trials of testing come, physicians who have neglected experience as a teacher of virtuous character development are usually the first to succumb to vice.

We are learning that virtues are like habits in that they can be taught. But "while virtue has certain attributes of a habit, it is not a Pavlovian reflex. Virtue is a habit under the guidance of reason."[34] The generous man will give twenty dollars to a homeless man, but won't give the man his wallet. We would be more likely to call the man delusional than generous. A better example of generosity is the man who volunteers weekly at a foster home and meets the needs of a specific child. His behavior is persistent rather than occasional, more active than complacent, and so more characteristic of generosity.[35] The generosity that physicians possess is never static but always moving towards or away from this virtuous ideal of the generous person. The way to become the generous person is to approach the virtue asymptotically, realizing all the while that we cannot arrive at excellence and, "in that realization, being prevented from the vices of self-righteousness and hubris."[36] Further, eating the right amount of food is a bodily and temperate habit, but it does not compose the entirety of what it means to practice temperance. For we would not call someone "temperate" whose stomach is moderate, but whose sexual appetite is uncontrollable. The physician who has earned the name "temperate" will be complete

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[33] Aristotle. Nicomachean Ethics. In Aristotle's Ethics: Writings from the Complete Works, edited by Jonathan Barnes and Anthony Kenny, Translated by. W.D. Ross and J.O. Urmson, 207-372. Princeton, NJ: Princeton University Press, 2014.
[34] Pellegrino, Edmund D., and David C. Thomasma. 1993. *The Virtues in Medical Practice*. New York: Oxford University Press.
[35] Annas, Julia. 2011. *Intelligent Virtue*. Oxford, United Kingdom: Oxford University Press.
[36] Pellegrino, Edmund D., and David C. Thomasma. 1993. *The Virtues in Medical Practice*. New York: Oxford University Press.

with temperance in character, not simply temperate in his actions or feelings on an occasion.[37] A virtue is a complex of habits that compose a moral disposition in accordance with one's design as a human or as a chef or as a doctor. The attainment of specific virtues is the next task to which we turn.

The power of virtue ethics is partly its versatility. Because virtue ethics insists that we are always developing virtuous or vicious habits, no instance in medical life escapes the aims of a virtue ethics approach. However, it would be absurd to ask physicians to consciously multi-task all virtues at once and police their performance. It might seem logical to depend on all virtues for moral improvement, since courage depends on temperance to some degree. But, "strong accounts of the unity of virtues have difficulty explaining" why a courageous individual becomes more courageous over time.[38] Attentiveness to a few core virtues is sufficient to yield the capacity to improve in others. If we are to effectively attend the virtues most suitable to medicine, we must understand the difference between moral position and moral theory. Aristotle's moral position that courage includes killing an enemy in the name of Athens should be renounced. But, his sophisticated moral theory that courage is a virtuous mean with excess and deficiency is something we can adapt to suit the medical profession. Prudence and friendship are two such indispensable virtues that will advance and inhabit the life of a physician.

"Phronesis" or prudence is the virtue of wisdom that discerns the truth of an action for the sake of action itself. Prudence is not "sophia" or speculative wisdom that seeks truth for its own sake. Prudence helps physicians to clearly see the truth or Golden Mean of a virtue in a particular circumstance.[39] Phronesis alerts us not only when physicians take actions that are

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[37] Annas, Julia. 2011. *Intelligent Virtue*. Oxford, United Kingdom: Oxford University Press.
[38] Hauerwas, Stanley, John Berkman, and Michael G. Cartwright. 2001. *The Hauerwas Reader*. Durham, NC: Duke University Press.
[39] Aristotle. Nicomachean Ethics. In Aristotle's Ethics: Writings from the Complete Works, edited by Jonathan Barnes and Anthony Kenny, Translated by. W.D. Ross and J.O. Urmson, 207-372. Princeton, NJ: Princeton University Press, 2014.

legally dubious according to the AMACE but also when "the end or the good to which we are tending as persons or … doctors … is in jeopardy."[40] Prudence gives physicians a grasp of the end towards which they aim, but its attainment usually occurs through many failed attempts to express the end. When Aristotle argues that virtue is a habit under the guidance of reason, he means to say that prudence is the overarching virtue that reason hopes to approach. Prudence orders the virtues in a manner that is fitting for the moment. Hence, it is the capstone of moral and intellectual virtues and indispensable for a physician's life.

Physicians entrenched in the complexities of disease and particularities of persons need prudence especially with respect to the virtue of compassion. To be compassionate is "to be disposed to see, as well as feel, what a trial, tribulation, or illness has wrought in the life of this person's here-and-now suffering."[41] But doctors fail to attain virtue in compassion when they exceed it, becoming overly subjective, or when it is lacking in their action, becoming robotic and indiscriminate towards patients. Physicians who exceed compassion "lose the objectivity necessary for proper diagnosis and selection of treatment, thus defeating the end of medicine in its healing function."[42] Conversely, physicians deficient in compassion

> "treat the patient as an object, as simply a particular instance of a disease process … divested of the rich particulars of age, occupation, sex, race, situation in life, values - all those particulars that define us as persons and give us identity."[43]

Prudence adjudicates to what degree compassion ought to be exercised so that the good end of medicine is sought. Principle I of the AMACE states that a "physician shall be dedicated to

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[40] Pellegrino, Edmund D., and David C. Thomasma. 1993. *The Virtues in Medical Practice*. New York: Oxford University Press.
[41] Pellegrino, Edmund D., and David C. Thomasma. 1993. *The Virtues in Medical Practice*. New York: Oxford University Press.
[42] Pellegrino, Edmund D., and David C. Thomasma. 1993. *The Virtues in Medical Practice*. New York: Oxford University Press.
[43] Pellegrino, Edmund D., and David C. Thomasma. 1993. *The Virtues in Medical Practice*. New York: Oxford University Press.

providing competent medical care, with compassion and respect for human dignity and rights."[44] Physicians without prudence can only know the compassion of Principle I as a monolithic command for those who want to avoid professional punishment. But prudent physicians know compassion can be missed in manifold ways and seek to amend their behavior at any cost to champion the "good end of medicine." For the sake of brevity, we will discuss only one more virtue, friendship, and its benefit to physicians' lives.

As the specialization of the medical craft proliferates into esoteric pockets, pedagogical dialogue between the apprentice and his or her master becomes more and more a part of the professional landscape and the virtue of friendship becomes unavoidable to perform medicine with excellence. "Friendship … is not merely a pleasant addition to the life lived well" or to the flourishing life of a physician.[45] It is at the heart of determining the ethical trajectory and development of all virtues. It is therefore not a coincidence that friendship is also the most frequently discussed virtue in Aristotle's *Nicomachean Ethics*. Friendship is Aristotle's virtue between flattery and quarrelsomeness. It is a state rather than an emotion like love.[46] Aristotle cogently argues that all friendships are characterized by either pleasure, utility, or virtue. Those defined by pleasure exploit friendship as a means for their own gratification. Friendships defined by utility are characterized by manipulation and deception. The friendships of virtue are those that delight in and wish for the virtuous existence of their friends for their own sake. The more one practices friendship, the more one finds that his virtue is sharpened by his friends.

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[44] American Medical Association. (2016). AMA Principles of Medical Ethics. Retrieved May 10, 2022, from https://www.ama-assn.org/delivering-care/ama-principles-medical-ethics
[45] Sandlin, Mac S. "Neo-Aristotelian Virtue Ethics." Paper. Harding University. Searcy, Arkansas, 2022.
[46] Aristotle. *Nicomachean Ethics*. In *Aristotle's Ethics: Writings from the Complete Works*, edited by Jonathan Barnes and Anthony Kenny, Translated by. W.D. Ross and J.O. Urmson, 207-372. Princeton, NJ: Princeton University Press, 2014.

This is because "a certain training in virtue arises also from living together with the good."[47] Or, as Kallenberg articulates, "Friendship is a home to virtue building."[48] Because friendship is a means of becoming virtuous as well as a virtue itself, it is indispensable to the virtuous life, for "the virtuous man will need people to treat well."[49] Aristotle is not describing a friendship of utility, but is only stating that physicians require other physicians to practice neighborliness and affection that is suitable to their profession in order to master other virtues. Later on, Aristotle will remark, "[p]erfect friendship is the friendship of men who are good and alike in virtue" and "those who want good things for their friends for their sake are most truly friends."[50] The relationships physicians foster, therefore, are not "networking" opportunities to leverage status or honor, but laboratories for virtue that confer goodness on the practice of medicine as a whole. Physicians need friends not to hold them accountable to the laws and duties of the AMACE, but to see how those laws and duties can be better exemplified.

The strength of the AMACE, some argue, is precisely a bedrock of ethical duties which physicians can look to and go beyond in creative, supererogatory ways of their choosing. Hence, virtue's contribution to the code is negligible. But, aside from encouraging ethical minimalism, I argue that this view mistakes non-duty, duty, and beyond duty as three sharply demarcated regions of moral worth. Duties are rather things physicians perform in a way approximating a Platonic sort of ideal with more or less accuracy. Duty is itself a continuum of virtue bounded by

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[47] Aristotle. *Nicomachean Ethics*. In *Aristotle's Ethics: Writings from the Complete Works*, edited by Jonathan Barnes and Anthony Kenny, Translated by. W.D. Ross and J.O. Urmson, 207-372. Princeton, NJ: Princeton University Press, 2014.
[48] Kallenberg, Brad J. 2013. *By Design: Ethics, Theology, and the Practice of Engineering.* Kallenberg, Theology, and the Practice of Engineering. Cambridge: James Clarke & Co.
[49] Aristotle. *Nicomachean Ethics*. In *Aristotle's Ethics: Writings from the Complete Works*, edited by Jonathan Barnes and Anthony Kenny, Translated by. W.D. Ross and J.O. Urmson, 207-372. Princeton, NJ: Princeton University Press, 2014.
[50] Aristotle. *Nicomachean Ethics*. In *Aristotle's Ethics: Writings from the Complete Works*, edited by Jonathan Barnes and Anthony Kenny, Translated by. W.D. Ross and J.O. Urmson, 207-372. Princeton, NJ: Princeton University Press, 2014.

a saintly ideal of dutiful perfection on one end and an amoral sociopathic sabotage of duty on the other. Extinguishing virtue from a physician's decisions is impossible because the excellence with which a physician enacts the duty of Principle I in the AMACE[51] is highly dependent on how the physician performs courage, justice, and prudence in that instance. In other words, how a physician is "dedicated to providing competent medical care with compassion and respect for human dignity"[52] is dependent on how he or she does so justly, prudently, courageously, and in friendship, not just if he or she sees it as "more than a duty." This is not the space to elaborate on which virtues physicians should treat as non-negotiable and which are more peripheral. I trust that individual physicians have the character and expertise to begin discerning what is fitting for medical excellence. We have already discussed how a few virtues can assist the implementation of an Aristotelian culture of virtue. But what is more important is the realization that virtuous practice sustains the sort of ethical excellence and culture that a code of ethics, namely the AMACE, on its own cannot.

A culture of virtue exists by the collective interpersonal effort to instill virtuous habits and character into its members. The development of habits requires community because moral deliberation is never an individual matter. Character is thoroughly a collective contribution to someone's moral fabric. Even the original AMACE bears testimony to the importance of moral reasoning within a community. An excerpt from the preamble to the 1847 version of the AMACE reads that physicians "have the inestimable advantage of deducing its rules from the conduct of … many eminent physicians."[53] Though the first AMACE's rules pay homage to the many eminent physicians who derived them, an Aristotelian community would also underscore

[51] "A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights."
[52] American Medical Association. (2016). AMA Principles of Medical Ethics. Retrieved May 10, 2022, from https://www.ama-assn.org/delivering-care/ama-principles-medical-ethics
[53] American Medical Association. *Code of Ethics of the American Medical Association [Reprinted from the American Edition]*. Forgotten Books, 1849.

that the ethical character of physicians today was formed by their predecessors, not only the rules they follow. Physicians' dependence on community reaches even to the fundamental level of their thoughts. As Alan Jacobs points out,

> "To think independently of other human beings is impossible, and if it were possible it would be undesirable. Thinking is necessarily, thoroughly, and wonderfully social. Everything you think is a response to what someone else has thought and said. And when people commend someone for 'thinking for herself' they usually mean 'ceasing to sound like people I dislike and starting to sound more like people I approve of.' … Whatever we think we know, whether we're right or wrong, arises from our interactions with other human beings. Thinking independently, solitarily, 'for ourselves,' is not an option."[54]

The guild of physicians is a community not because physicians all do the same work or because they follow the AMACE, but because physicians reason with each other. The profession of medicine specifically has clear inheritance from the authorities that derived its excellence from indistinct beginnings. This makes sense, for if "training and discipline require authorities, then the pursuit of the good will always be in some sense a communal journey."[55] It seems that physicians are never in short supply of eponymous names for new diseases or syndromes[56] or slow to credit other medical personnel in a patient's rescue. Physicians should be equally cognizant of the power of community on their ethical formation. Becoming fully human means claiming a familial bond in which our actions and words pay homage to a heritage and a community. To be a human is to be communal. To believe, as Descartes did, that reasoning could occur within the human mind alone - that the human mind's capacity to think was a sort of first principle of rational thought - is a philosophical attempt to quarantine reason from the corrupted sway of community and tradition. This assertion is no better summarized in the Latin phrase "Cogito ergo sum."[57] So long as reason could be reduced to strictly individual and

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[54] Jacobs, Alan. *How to Think: A Survival Guide for a World at Odds*. New York: Currency, An Imprint Of The Crown Publishing Group, A Division Of Penguin Random House Llc, 2017.
[55] Sandlin, Mac S. "Neo-Aristotelian Virtue Ethics." Paper. Harding University. Searcy, Arkansas, 2022.
[56] A Wikipedia search will yield hundreds of these eponymously named diseases and their discoverers.
[57] "I think, therefore, I am."

universal operations, like a science, the chaos of community could be bypassed. But, from whom did Descartes learn to speak Latin or reason about the concept of "think"? How could he reason about the individual if not by the tutelage of those who gave him the ability to do so? In Aristotle's mind, physicians are not rational animals who then choose to live in society. They are social animals who reason within their community. The flourishing life of a physician rests upon a communal bedrock that allows reasoning itself, but also catalyzes virtues like honesty and friendship. When we discussed virtues in brief, friendship was conceptualized as a state between quarrelsomeness and flattery where each party of the friendship is alike in virtue to the other and wishes this virtue for the other. Therefore, friendship is an essential space where the ethical agency and habit of physicians is honed. But, without community, virtues like friendship and truthfulness evaporate from the communal fabric from which they derive their existence. The AMACE and physicians who follow it would benefit from the acknowledgement that they achieve a greater glimpse of the goodness that is their aim when their friends and coworkers form a community that is the sacred space of ethical formation.

We see the world and our place in it through stories. Exploring questions like "What is good?" begins "at least in part by articulating a history of ourselves … in which the exploration of that question has taken place."[58] The stories we write are never about the acts or the consequences of someone's actions, but their focal point is the actor themselves. Aristotle attests to the nature of ethics in a similar fashion: that the actor, rather than the act, is the primary locus of ethical reflection. Physicians who apply prudence and reason to a narrative sequence of events will enjoy a more complete approach of excellence.

Descriptions of the actions we are supposed to take are called codes of ethics. Codes of ethics are non-stories because they have no characters, itemizing and atomizing ethical truths,

[58] Sandlin, Mac S. "Neo-Aristotelian Virtue Ethics." Paper. Harding University. Searcy, Arkansas, 2022.

quarantining them from the histories which produced them. When actions are treated as "discrete entities that, by means of a formula, can be extracted from the human life into a kind of laboratory in which they are analyzed and characterized" they become, in the words of Charles Pinches, "homeless actions."[59] Sandlin asserts that these "[a]bstract accounts of human goodness trade relevance to actual human lives for clarity and universal application."[60] A notion of ethics which abstracts actions from the narratives in which they are found cannot produce good physicians. But, physicians who practice diagnosing case studies know that the accuracy of a diagnosis depends on the extent to which the patient's story is told. Having the same curiosity about the story of the code they follow will elucidate what is most excellent and fitting for a physician. Assume that a physician refuses to give a blood transfusion to an anemic patient, resulting in the patient's death. A bare application of Principle I of the AMACE would find this physician guilty of not "providing competent medical care, with compassion and respect for human dignity and rights,"[61] resulting in the revocation of his license and termination of his practice. But, upon discovering that the patient was a Jehovah's Witness, new layers of ethical meaning are added to our conception of the physician's decision. Some may respect the physician's decision to withhold care on the basis of patient autonomy while others may insist that the duty to treat trumps the patient's personal belief. Whatever your persuasion, what matters is that the ethical reality of a judgment only appears when we contextualize it within a narrative. A code of nine principles cannot account for nor authorize which ways physicians should act carte blanche in every ethical scenario. It is a physician's meta-narrative or worldview which gives shape to their decisions and, collectively, their profession at large.

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[59] Pinches, *Theology and Action*, 22-23.
[60] Sandlin, Mac S. "Neo-Aristotelian Virtue Ethics." Paper. Harding University. Searcy, Arkansas, 2022.
[61] American Medical Association. (2016). AMA Principles of Medical Ethics. Retrieved May 10, 2022, from https://www.ama-assn.org/delivering-care/ama-principles-medical-ethics

Making the decision or action the focus of ethical reflection robs physicians of the rich particularities of their narrative. On the other hand, we "find that our ability to discuss and evaluate the moral quality of [one's] behavior is increased … as we further contextualize [our behavior] and root it more firmly in a larger narrative."[62] Physicians who know the narrative in which their actions are found can advance its plot with excellence. Those who do not lack the ethical dexterity necessary to traverse a variety of ethical dilemmas with tact. MacIntyre's commentary on practices will allow us to see how the performance of practices advances a tradition like medicine by their contribution to a larger narrative.

The solutions to the ethical problems physicians face are not always found in turning to a principle as we might turn to a mathematical rule, but in asking good questions that flesh out a story. These stories that physicians employ in pursuit of an ethical life never have their orbit around a single life, but are nested within a communal web which gives them meaning. To trade this meaning for the exigency of a compact code is not a sustainable trade for a profession that must prevail in a world of competing stories. The narratives which physicians tell are important to recognize because they give physicians a proxy for their excellence. Whether centuries long or simply a few moments, physicians must consult the narrative histories of the profession that have distilled a medical teleology.

Physicians must know what "excellence" means if they are to define it apart from rule-following or good decision-making. What makes honesty a good habit and dishonesty a bad one? How can we know that a physician is being honest in an admirable way versus simply for ulterior motives like a paycheck? How can we tell that anything a physician does is good or bad? Aristotle answers our question by asking a question of his own: "What is a thing for?"

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[62] Sandlin, Mac S. "Neo-Aristotelian Virtue Ethics." Paper. Harding University. Searcy, Arkansas, 2022.

The telos of a knife is to be sharp and cut things. The telos of a watch is to tell time and be portable. If a watch tells time incorrectly, it might be worn as a piece of jewelry, but its excellence as a watch ceases to be. With an analogy, we can make the shift from asking teleological questions about material objects to asking them about human vocation. It is possible to ask teleological questions about physicians because physicians are designed for something we can define. Having examined the medical telos in detail, Thomasma and Pellegrino define it as "the right and good healing action for a particular patient"[63] which is nested within the broader human telos - a life of fulfillment, flourishing, and virtue. To say a physician is excellent is to say something about her function. The particular function of a physician requires certain habits, inclinations, and practices and rules others out. Developing a medical teleology is helpful for advancing the objectives of the AMACE because teleology allows us to detect the attributes that characterize the best physicians, not just the attributes that we think characterize the best physicians. If a physician is being honest with us, we ascertain the degree to which his honesty is excellent by assessing its conformity to the medical telos. It is also crucial for medicine to have a teleology because teleology gives physicians a map of where they have been and where they are going. If someone tells you that he is a physician, we can know "instantly that he has not always been so, and [we] also know something about the process by which he became one."[64] Hence, teleology is not a static component of an Aristotelian culture; it plots the path of virtue as the physician walks it. This means that teleology points to a three-dimensional aspect of ethics. It tells us about the human nature of a physician (not just his professional nature) as we find it, the full realization of his essential nature as it ought to be, and the means by which the former

[63] Pellegrino, Edmund D., and David C. Thomasma. 1993. *The Virtues in Medical Practice*. New York: Oxford University Press.
[64] Sandlin, Mac S. "Neo-Aristotelian Virtue Ethics." Paper. Harding University. Searcy, Arkansas, 2022.

becomes the latter.[65] Teleology tells physicians what they were made for, but is also evaluative of their growth within that purposeful design.

The ways that physicians miss the mark of excellence compose an infinite array of lapses in ethical judgment amenable to virtuous improvement. Virtue ethics not only gives physicians a moral direction, but, as we have discussed, gives physicians a character from which to aim at their telos. Indeed, having an ethical character correlates to having a teleology. As Sandlin attests, physicians need a telos not only to become good, but to have an identity:

> "When a teleological thing is deprived of its telos entirely, it loses not only its virtue or excellence but its very identity. It becomes something else. To pursue the human telos then is to become not only a good human but also to become more fully human. Likewise, to fail to achieve the human telos does not merely make one a bad person. It makes one less and less of a person."[66]

When a physician fails to express her design, she becomes less of a physician. We are reluctant to call someone who competes using performance enhancing drugs an "athlete." A "real athlete" is one who competes in fairness and honesty. The best physicians heed the design of their telos in an exemplary way. Does the AMACE define and call physicians to this healing telos? Let's examine Principle V from the AMACE:

> "A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated."[67]

Without a doubt, physicians who fail to play these obligatory roles cannot be rightly called physicians. A physician should continue to maintain a commitment to medical education in order to advance scientific knowledge and clinical quality. But, is Principle V telling us what a physician *is for* (her telos) or telling us what a physician *should do*? The connotation of

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[65] Sandlin, Mac S. "Neo-Aristotelian Virtue Ethics." Paper. Harding University. Searcy, Arkansas, 2022.
[66] Sandlin, Mac S. "Neo-Aristotelian Virtue Ethics." Paper. Harding University. Searcy, Arkansas, 2022.
[67] American Medical Association. (2016). AMA Principles of Medical Ethics. Retrieved May 10, 2022, from https://www.ama-assn.org/delivering-care/ama-principles-medical-ethics

Principle V is clear that honorable behavior for a physician is continuing to study medical and scientific knowledge and stewarding medical information in the ways set forth by the AMACE. Principle V sounds like a task list for a physician rather than a rationale of his ultimate end. Without a definable medical telos in mind, the AMACE begins to sound like a list of job responsibilities from a Craigslist post. Physicians who know their tasks will value task completion above quality of care, but physicians who have grasped their design increasingly aspire to the excellence of that design. An emphasis on telos restores the proper meaning of virtue and serves as a compass to direct the physician toward virtue as she practices it.

What an Aristotelian culture of virtue lacks on its own is a way to make an authoritative justification of virtues that serve a precise telos like medicine and advance its work. Honesty is not a central and authoritative virtue of the good life of a physician because honesty is universally a good principle for people. Physicians lean on honesty in a specific way that is becoming of excellent character: physicians who are honest are better doctors, give patients better quality, less expensive care and make the workplace more pleasant for colleagues. Honesty makes physicians more like good physicians. Likewise with courage, friendship, prudence, and so on. So, we turn to MacIntyre's concept of a practice as a way to justify our implementation of virtues and to further develop what it means to be an excellent physician.

Aristotle may have given us the theoretical framework for conceptualizing virtue in our lives, but a virtue like courage does not hold identical relevance in the life of an Athenian and a 21st century physician. Alasdair MacIntyre's diligent scholarship resolves the incommensurability between antiquated moral positions of Aristotelian virtue and the modern viability of virtue. His insight into practices has broken classical Hellenistic cultural and philosophical restrictions on virtue's bounds, allowing for their transplant to any realm that can

articulate a practice. MacIntyre defines virtues as "those qualities essential to achieving the internal goods of practices."[68] In order to know which qualities are essential to achieving the internal goods of a practice like medicine, we must learn what MacIntyre means by practice. Sandlin helpfully compresses MacIntyre's comically long definition of a practice[69] into five central ideas that physicians can harness to recognize medicine as a practice and achieve the sort of ethical flourishing Aristotle prescribes. These ideas can be remembered by the words Rules, Partners, Joy, Masters, and Growth.

The first criteria practices must meet to be practices and serve ethical progress is something physicians are familiar with in conjunction with the AMACE. A practice needs rules just as any game needs rules to play. The rules of a game like football must be reasonable and coherent so that one may ascend in one's ability to play the game as one subjects themselves to the rules. A better game than football is soccer because there are less positions and less stipulations to meet in order to excel. This might explain its relative accessibility and popularity. A practice will operate in ways that make more sense to practitioners as they practice. A physician with many years of training will complete a surgery with more dexterity and quality than a new physician because he has intuited ways of making the operation better from repeated practice within the rules. It is important to note that understanding may not occur in epiphanies, but in periodic fluctuations between disorientation, learning, and revelation. Physicians need rules in order to practice their craft, but the rules MacIntyre envisions are more like rules discerned by children as they invent a new game and not the finalized rules we find in a

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[68] MacIntyre, *After Virtue*, 187.

[69] Here is MacIntyre's definition of a practice: "By 'practice' I … mean any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the result that human powers to achieve excellence, and human conceptions of the ends and goods involved, are systematically extended."

rulebook. This is important as we discover what a practice consists of because we assume the rules of a practice originate in the form we first find them. But, like the principles of the AMACE, practices have a history and their rules take shape as practitioners play the game with others.

A person can read a chess manual alone or diagnose a patient without consulting other health professionals, but playing chess requires a partner and practicing medicine requires colleagues and peers. The second criteria a practice must meet to serve ethical progress is that it must take place in a community with partners. Practices are socially established and cooperative ventures where practitioners collaborate to sharpen their judgment of "best practice." Physicians of different disciplines working on the same case make the practice of medicine more what it was meant to be. One of the reasons we saw medical professionals operating at their fullest capacity during the COVID-19 pandemic was because physicians were forced to solve problems together the game of medicine presented which had never been solved on a similar scale. If practices could be perfected on their own, physicians could attend medical conventions online and get certified in a specialty without the evaluation of experts.

It is within the interpersonal friction of partnership that our deficiencies are revealed, the strengths we contribute are valued, and whatever doesn't serve the telos of our calling is chiseled away. The physician we admire the most is typically the one who inspires other physicians to advance their practice and is not irritated by imitation of her own. When true practitioners of a game like Michael Jordan play an opponent, they want competitors to perform at the prime of their ability. Fierce competition was a means for Jordan of seeing a new form of excellence - either in himself or in his opponents - so that he could upgrade his practice to a new level. Just as in basketball, the practice of medicine needs cooperative competitors - not to increase external

goods like the competitive profitability of a hospital, the prestige of a clinic, or to attract more patients - but in order to enhance the practice of medicine itself. Practices need partners in order to exist.

The only games people want to play for an extended period of time are fun. We are disappointed when athletes play for a paycheck rather than for the enjoyment of their sport because we know they don't see the purity and untainted goodness of the game that we see from our privileged vantage point. The athletes that do so are not competing for goods internal to the game, or what C.S. Lewis calls "Appreciative pleasures." These pleasures, unlike primal pleasures that quench a basic need like thirst, are pleasures of gratuity and chance, like smelling a freshly baked pastry.[70] The AMACE is replete with imperatives to be dutiful for duty's sake, but nowhere in the AMACE is joyful practice an ethical imperative for physicians. MacIntyre argues that joy for the sake of a practice is a prerequisite for that practice's existence and frames this aspect of virtue ethics in terms of internal and external goods.[71] Money, power, status, and the provision of legal immunity are all tempting external goods for a physician, but they divert the physician from pursuing the unadulterated good of medicine. Though a physician may not be totally motivated by any of these external goods, they may taint the pursuit of true goodness at any time. Those who attend college just to receive a diploma are not in the practice of education. Likewise, a physician who performs an operation because it will give his paycheck a boost is less excellent than one who performs the operation out of obligation to a written code who is still less excellent than a physician performing the operation out of necessity and for the joy of medicine itself. If a physician does good acts because it will confer prestige or because adherence to the AMACE promises the provision of legal immunity, then we cannot truly call what he or she is

[70] Lewis, C. S. 2017. *The Four Loves* First ed. C.S. Lewis. Signature Book. San Francisco: HarperOne.
[71] MacIntyre, Alasdair. 1990. *Three Rival Versions of Moral Enquiry: Encyclopedia, Genealogy, and Tradition*. University of Notre Dame Press.

doing medical practice. The shallowness of external goods is not the only reason to pursue internal goods. Sandlin's understanding of MacIntyre's scholarship on goods reveals that "[w]hen a person achieves some external good, those goods are generally the 'property and possession' of an individual.[72]"[73] Because external goods like power, prestige, and money occur in limited supply, one person's gain is another's loss. On the other hand, internal goods benefit the community of practitioners striving to achieve them and society as well. A physician cannot be considered flourishing if he does not enjoy doing virtuous medical acts for the sake of the acts themselves.

The fourth concept a practice requires is a master. Practices have standards of excellence which are embodied by those who represent and advance mastery of the art. Expert physicians are not only those who read more clinical research and scour textbooks, but who model well what it means to be a physician for others. Without knowledge of who a "master" physician is, the profession of medicine would not know how to innovate or advance. We identify those who are geniuses, experts, or masters because they embody standards of excellence by which a game or practice is evaluated. The reader likely has a physician in their life who is better at their craft than others of the same guild. Maybe part of what led you to the physician in the first place was frustration at a bad experience with another physician. My point is not to discuss the economic supply and demand of competent physicians. My point is simply this: 1) masters exist 2) physicians inherit the skill and insight necessary to become excellent from masters and 3) no one achieves mastery in a single bound. The character and quality of the profession's work at large is burgeoned by the mastery on display by a premier few. Masters also have the elevated vantage point from which to dictate authoritative "rules" to novices of the practice. What distinguishes

[72] Macintyre, Alasdair. *After Virtue.* Notre Dame, In: University Of Notre Dame Press, 1984.
[73] Sandlin, Mac S. "Neo-Aristotelian Virtue Ethics." Paper. Harding University. Searcy, Arkansas, 2022.

these "rules" as characteristic of mastery is not amenable to the laws of logical scrutiny, but they come in the form of heuristics, rules of thumb, or a set of "best practices." The standards of excellence are not written somewhere like the standards of acceleration for gravity. We can't say what exactly makes a physician the best at their craft or what makes Lebron the best basketball player. Identification of master practitioners doesn't lend itself to attitudes of certainty, but confidence about them is well within our grasp. We can't define mastery, but we can intuit mastery or "know one when we see one."[74] It is common that we know a master by their ability to pioneer new ways to grow a practice. Revolutionary ways of practicing not only make the practice better, but elaborate and enhance what a practice is, which evinces the final characteristic of practices.

Something cannot be called a practice without growth. Progressions of growth are advancements to a practice, making it more clearly defined, not resulting in its implosion or fracture. The advent of germ theory in medicine radically altered centuries of theory and practice, and yet it was clear that germ theory was an advancement within the practice of medicine, not the invention of a new practice. It also became impossible for physicians in pursuit of medical accuracy and exceptionalism to ignore microbial accounts of pathology in their diagnosis. Growth in keeping with historical tradition is a key mark of a practice because it legitimizes a practice and extends the good which it hopes to produce. The legitimacy of germ theory allowed new skills to be added to the medical arsenal of every physician, but the growth of a practice is not limited to an increase in technical skill alone. Growth serves to recalibrate the end goal of a practice in light of that growth. This is because growth transforms the conceptualization of relevant goods the practice serves. Once the practice of psychiatry grew to

[74] We know Mr. Miyagi is a karate master when he obliterates the Cobra Kai goons even though the laws of logical scrutiny would deduce he is not because he is dressed in janitorial clothes.

recognize mental illness as a medical condition, treatment moved from social neglect to institutional assistance. And once physicians recognized social rehabilitation as a salutary part of treatment, deinstitutionalization began to take place in the 1960s. The technical skills and relevant goods which served to treat mental illness changed, but the purpose or telos of psychiatry has not: the right and good healing action for those with mental illness.

These five tenets of MacIntyrean practices are interdependent of each other and incapable of defining on their own what makes a practice. The omission of one means the disqualification of a practice entirely. Or, as Sandlin succinctly states,

> "… practices form when a community of people pursues the internal goods of a coherent and complex shared activity in such a way that expert practitioners emerge and contribute to the growth of that activity. This growth, in turns, benefits the community as a whole and the society within which the practice is carried out."[75]

MacIntyre begins with something central and endemic to the human experience - our practices - in which to house virtue. Approaching virtue in this way, he avoids the problem faced by those who want to appeal to a list of virtues, namely, "whose list of virtues will you use" and why?[76] The bottom-up method of starting with practices better suits the particulars of finding excellence and virtue in medicine because the practice of medicine and its various fields will themselves demand which virtues take precedence over others, in what manner, and at what time. Practices localize habits and virtues to a specific ecosystem of implementation so they are accessible to virtue and qualify what being courageous or temperate or just means.

Good physicians do exist, but they do so not because of the AMACE. Moral formation occurs not because physicians have become good at code-following, but physicians are good at code-following because they have reinforced virtuous habits in a community in accordance with

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[75] Sandlin, Mac S. "Neo-Aristotelian Virtue Ethics." Paper. Harding University. Searcy, Arkansas, 2022.
[76] I believe arguments for biomedical ethical principlism, and their advocates (Beauchamp and Childress) are equally susceptible to this dilemma.

their telos which develop praiseworthy character. Intensifying this paradigm of ethical training in the medical field will transform medicine's defensive legal stance into offensive ethical schemes that fortify a bastion of good physicians. The effort of this work is not to cast off or eliminate the AMACE from our ethical deliberation. The AMACE is ethical shorthand for something physicians can only fully understand after they have done the work of becoming good. Its statements are shorthand because it is impossible to evaluate the extent to which virtuous physicians live the truth of the code in their daily lives. The meaning of compassion and respect and dignity will only become clear after physicians have manifested those concepts tangibly in virtuous behavior. But, by developing their character within an Aristotelian and MacIntyrean world of virtue and practice, the postulates of the AMACE become as they were meant to be: heuristics that synergize with virtue to unleash the power of goodness in medicine. If we intend to do right by the AMACE, physicians ought to make Aristotelian concepts a central part of their lifestyle and rely on them for guidance.

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