

THE ETHICAL BASIS OF MEDICINE¹

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ETHICO-MEDICAL controversy, as exemplified in the recent furore created by the Holy Father's pronouncement on the natural right to life of the unborn child, is no new thing. More often than not the controversy revolves around problems that are sentimental in essence (the word is not used in any pejorative sense), and which are based upon false antitheses. As the eminent physician and neurologist, Dr F. M. R. Walshe, has acutely observed, 'all these antitheses arise from the unguarded use of abstraction, and from a false simplification of the welter of things and processes we encounter when we seek to build a philosophy of medicine. If we are to achieve a philosophy we must escape from the fragmentation of ideas that comes of thinking too exclusively in the static terms of classifications.'² Dr Walshe is not concerned in this oration to consider the particular false antithesis of ethics and medicine; he is dealing with medicine in terms of 'art in science'; but his terms of reference are most significant. 'The truth is surely that every successive layer of thought in the analysis of nature . . . stops at a halfway house when tracing its ideas back to their basic elements, and is content with ideas of a generality sufficient for its immediate purpose. Yet each remains a field of discourse in its own right; one of the many layers in the palimpsest of natural knowledge, each of which has its own distinguishable intellectual content. Medicine is no exception to this rule. For philosophy alone there is no halfway house, for its ideas aim at a supreme generality. . . . Yet we must surely aim at the highest degree of understanding of the foundations of our thoughts and actions. . . .'

Dr Walshe is, happily, by no means alone in his wise approach to medical science and practice. Nevertheless, in the grave issues which arise in medical problems involving human rights and duties it is clear that the ultimate foundations of thought and

¹ The third article in the series on 'Some Contemporary Moral Problems'.

² *The Structure of Medicine and its Place among the Sciences*. The Harveian Oration delivered before the Royal College of Physicians of London, by F. M. R. Walshe, M.D., D.Sc., F.R.C.P., F.R.S. (1948).

action tend to be overlooked or disregarded. It need not be questioned but that all those concerned in the deciding of such issues are sincere and unselfish in their desire to promote the welfare of human society and of the individuals who go to make up that society; they are concerned for the good of mankind. But often enough their concern 'stops at a halfway house' and does not extend to the good of mankind in the completest connotation of the term. This deeper wisdom is attained, even on a natural plane, only when medicine is set in its proper place in the hierarchy of the sciences and its relative subordination is recognised.

This is not to depreciate the science of medicine. Like other sciences, it has its own proper objective and its own sphere of authority. In purely medical matters the doctor is the only competent authority and within those limits medical science exercises a sovereignty that is not to be gainsaid. But it must not overstep those limits, otherwise it is at once open to criticism: and the danger of overstepping is imminent, for the phrase 'purely medical matters', theoretically intelligible, does not find its counterpart in objective reality. Medicine is concerned with the constituents and functions of the human body, with only one element in that complex being essentially defined as 'rational animal'. But the constituents and functions of the human body cannot be separated in fact from the man as a whole, from his aesthetic tastes, his artistic abilities, his intellectual attainments, his free will, his ethical values and obligations, his ultimate purpose in life, his first cause and his last end. Medicine cannot disregard these other and more important constituents and functions of man, but it may not legislate for them. It is rightly concerned with the corporeal well-being of man, but this does not constitute the whole of his well-being. The value and importance of health, and even of life itself, must be qualified by their subordination to the highest norms of human good, norms which are co-ordinated in relation to natural law in the science of ethics.

Ethics, or the science of human conduct, establishes and controls the means whereby a man may attain to good, that is to the happiness and completion for which he was made and for which his nature craves. It marks out the road to the ultimate fulfilment of his being in accordance with the purpose of his creation: it enables a man to order his life from its every aspect in accordance with an objective and immutable standard of moral good and

evil: and by moral good and evil is meant that which is good or evil for the man as a whole. There are many standards of good in the arts and sciences and in the kaleidoscope of human living; but over and above them all are the ultimates to which all others must be subordinated, the divinely appointed laws of human conduct codified in the science of ethics. Nor need we explicitly include the laws of supernatural morality in this context, for they are the perfections by grace of the natural laws revealed by God through his Church and are outside the orbit of the normal ethico-medical problems which are in the order of natural morality and can be resolved on a basis of reason without the necessity of an appeal to authority.

The basic importance of ethics in relation to medicine is most readily observed in the philosophical notion of the fourfold causality—efficient, formal, material and final, which answers the question: Why? the question that is the beginning of all wisdom. This becomes the more apparent when it is realised that the final cause conditions the other three; a principal efficient cause acts for the accomplishment of some purpose, the effect is produced with that purpose in view and its intrinsic constitution, material and formal, is calculated to provide the effect with the best means for attaining its designed end. Thus in creating man with all his bodily, mental and spiritual needs and capabilities, the Creator had some definite purpose which was revealed in those needs and was to be accomplished by those capabilities. Nor are these functions and capacities mutually unrelated; on the contrary it is obvious that they must be very precisely subordinated one to another. The various bodily organs, with the nerves, glands, hormones and so on, must preserve their ordered functions if the health of the body is to be maintained. But the only purpose of bodily health is to serve the needs of man in the higher rational activities of his composite nature. The health of the body is rightly judged to be good, but only so far as it serves man in the more important task of preserving health of soul, of learning the eternal verities and striving after the supreme good. *'If thy eye offend thee, pluck it out.'* Bodily health is not an end in itself. It is a good and desirable thing, but only to the extent that it conduces to a further and more important purpose. Even on a natural level it may sometimes happen that a man can save his life only by losing it.

It is clear, then, that medical science plays an important part in the divine ordering of human affairs, controlling as it does an important side of human existence; but it is equally clear that it is subordinated to, and at least remotely regulated by, that science which governs not one side but the whole range of human life and activity, namely ethics. Ethics is therefore at once the support and control of medicine.

It may be significant that in primitive peoples the 'medicine man' is both priest and doctor. It is certain, at any rate, that amongst civilised peoples the doctor will often enough find himself called upon to judge or advise in matters of moral as well as medical import. It behoves him to be clear, therefore, as to his rights and his obligations in such cases. As far as the medical aspect of a case is concerned the doctor is obviously the one person qualified to speak with authority. In a particular case he may judge that an expectant mother's life is at stake if the pregnancy is allowed to take its ordinary course. That judgment he is undoubtedly qualified to make. But has he the right to declare that the pregnancy must be terminated or in fact to terminate it? Certainly medical science does not give him these rights, for they involve issues outside the sphere of medicine, issues which pertain exclusively to the domain of ethics and must be determined by standards other than those of medicine. He may well find on occasion, as with the case in point, that his ethical judgment is at variance with the medical and must therefore overrule it; nor must sentiment be allowed to intervene to the clouding of reason.

If the point is put in terms of Catholic teaching and belief, its compelling truth will be recognised at once by any Catholic. If man is made to know, love and serve God in this life in order to be united to him in the eternal happiness of the Beatific Vision, then clearly all his qualities, powers and activities, even life itself, must be directed and controlled in view of this final purpose; any deviation from this course will militate against a man's own well-being. Eugenic arguments in favour of birth-prevention, for example, lose their force for those who recognise marriage to be a sacrament, a means of grace and of the love of God. But the point can be taken, against the false humanitarianism of the materialist, or what Dr Walshe has called 'the learned ignorance' sometimes to be observed in the scientist, even on the lower level of reason and natural law.

In any science, and particularly in the practical application of any science, the notion of 'good' and 'not good' is paramount; this is peculiarly true of an essentially humane science like medicine. But 'good' can only be defined in terms of purpose. Any science is basically a rationalised ordering of common-sense; and common-sense requires the answers to its catechism which begins with the questions: Who made you? Why were you made? With these answers the standard of 'the good' can be established and the necessary subordination of the relative good to the ultimate. It is good to eat. For eating's sake? Obviously not, otherwise the more one ate the better one would be. The good of eating is estimated by its purpose, which is bodily health. For health's sake? Obviously not, unless it is to be accepted that the more completely animal a man becomes the better he will be. The good of health is to be estimated by its purpose, namely the readier functioning of the powers of the soul. The implication of *mens sana in corpore sano* is none the less true for the triteness of its expression, but it is here that a practical interest in the catechism of common-sense so often tends to peter out and the all-important question of the ultimate purpose is not pursued. Yet it is not difficult to discover man's ultimate purpose, at least to the extent that this is indicated in his own natural make-up, for it must evidently be the fulfilment of his highest capacities, of his intelligence and his will, by some sort of apprehension and enjoyment of supreme truth and goodness, that is to say God. Human needs and capacities speak human purpose; the ultimate needs and highest faculties speak the final purpose. The law and measure of human life and action, which alone will guarantee the attainment of this purpose, are integral to human nature itself and are primarily expressed in the natural moral law. The force of that law is not compulsion from without but necessity from within. Any man, be he doctor or economist, psychologist or politician, or just the ordinary man-in-the-street, is lacking in elementary common-sense if he is not prepared to submit his practical judgment to the test of morality and the dictates of conscience.

Dr Walshe has observed in another place³ that 'clinical medicine at its best may be made a continual discipline in logical thinking, tending to the progressive ordering of our knowledge', but this

³ *The Arts of Medicine and their Future*. The Lloyd Roberts Lecture delivered in Manchester in October, 1951. (See *The Lancet*, Nov. 17, 1951, p. 795.)

discipline can be attained only by the cultivation of those 'intellectual arts by which the patient's total situation as a human person is grasped and assessed'. In view of his expressed appreciation of the worth of aristotelian and thomistic philosophy, there can be no doubt but that Dr Walshe would readily concede the even greater importance of the practical science of ethics as the final court of appeal in assessing a patient's total situation as a human person. What he so rightly calls the *caritas* required in the true physician implies indeed patience and understanding and at times firmness, as he observes, and these in relation not only to the immediate but also the ultimate well-being of the patient as a human person. This relationship need not always be consciously recognised, but it must be habitual; and when problems arise which clearly involve moral issues it must not only be recognised but must prevail. It is the common fashion of modern science to shrug off impatiently the outmoded medieval concepts of objective and ultimate ethical obligations. It is all the more satisfying, therefore, to find this eminent physician and fellow of the Royal Society rejecting this common notion, this 'quaint conceit' as he dubs it, that we have 'escaped the cramping theocentric preoccupations of our ancestors to breathe the larger and freer air of modern science', a conceit that arises, as he wisely surmises, 'from the poverty of historical sense that is a necessary consequence of the premature specialisation that cuts short our education in youth'. It is a tragedy that in this age of science the most important practical science of them all, the science of living and dying, is so largely unrecognised or despised to the imminent peril of civilisation and of mankind itself.

The danger to humanity at the present time is, of course, the already widespread and rapidly increasing materialism of outlook in all grades of society, fostered by the tremendous advances of physical science which tends more and more to treat man as a mere mechanism or at best as just a higher grade animal. The humane science of medicine does not escape from this pernicious tendency. The admitted, and indeed designed, loss of the sense of personal responsibility and practical judgment resulting from frontal leukotomy is an outstanding case in point. Yet it should be obvious to the poorest intelligence that if life means no more than material existence on this planet, if the amazing powers of a man's soul stand for nothing and do not transcend and control his

animal instincts, if happiness and purpose are to be looked for only in bodily health and material enjoyment, if the summit of human hopes is the physical utopia of the perfect animal, then there is no real value in human living, and euthanasia or suicide will be the only sensible course for the many.

This is no manichean effort to disparage the corporeal in man nor to minimise the high importance of medical science and practice. On the contrary it is rather an effort towards the better appreciation of both by drawing attention to the transcendent importance they assume once they are set in due subordination to ultimate human purpose, and to the consequent ancillary function of medicine in relation to ethics. And in this context it is important to observe that in those cases where the Church has spoken decisively on certain ethico-medical problems she has not imposed arbitrary judgments bearing no relation to human circumstances, but has declared certain inevitable resolutions of the natural law. But problems of a similar character have arisen and may yet arise upon which the Church has not spoken and possibly need not speak. The Church does not solve every case of conscience except in principle; it often pertains to the individual to resolve particular applications of the moral law, whether natural or supernatural, by the inter-mediation of practical judgment in the shape of conscience. Both ethics and medicine represent codified rules of procedure; but whereas the latter is concerned with proximate and material ends, the former is concerned with the universal and ultimate end of man. But in both the operative force is a judgment of the practical reason, arising from scientific knowledge but rectified in both cases by the moral virtue of prudence, the perfection or quality of the practical reason which controls and directs all right human judgments, including those of medicine, by measuring them against the final purpose of man. Of all scientific men, a doctor most needs this wisdom which will enable him to see on occasion that good medicine is bad morals and therefore not truly for the good of the patient.

Notwithstanding the mechanistic tendency of biological research, the general practitioner at least has long recognised the medical importance of the interaction between mind and body, and in many respects this interaction appears to have become much more marked of recent years, as witness for example the prevalence and curious behaviour of peptic ulcers, the new

methods of dealing with such high-sounding oddities as elyriphobia, or the modern developments in geriatrics. There is no question but that the setting of the mind and heart of a patient at rest is a prime factor in dealing with many medical cases. This demands of a doctor in a notable degree those qualities of sympathy, understanding and occasional firmness, already referred to, which make him so often the guide, philosopher and friend of his patients, and which incidentally tend more and more to disappear under a state-controlled medical service. In the interests of medicine itself this necessary relation must be a personal and humane one, and it must move to the easing of the mind and the heart if it is to be wholly effective. In other words the doctor must be interested in the whole good of the patient, a good that is attainable only when a man is orientated towards his final purpose. It may happen that the doctor does not find his ethical learning equal to his medical; in which case, if he is wise, he will turn to the ethical expert for guidance. Thus we so often find the doctor and the priest in grateful collaboration at the bedside of the sick. That is a practical application of a fundamental principle in the humane art of medicine. The ethico-medical problems that have arisen and will arise are not textbook problems but real problems of human life and death. Nevertheless they are to be solved only by an appreciation of the supreme part played by morality in all human concerns and by the steadfast application of the immutable principles of ethics to medical practice.

FOUR CHALLENGES TO RELIGION

II—Jung¹

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IT may seem odd to count the psychology of C. G. Jung as a challenge to religion. It is more usual to complain that, as Freud doffed the physician's coat for the professor's gown, so Jung, still more incongruously, has assumed the clergyman's surplice—if not the robes of the magician, the prophet, the mystagogue. Yet I think that the friendliness of Jung presents a far more serious and radical challenge to religion as we know it than did ever the hostility of Freud.

¹ The second of a series of broadcasts given on the B.B.C. European Service on the Sundays of January, 1952.