Character, Virtue and Self-Interest in the Ethics of the Professions

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I. INTRODUCTION

The professions today are afflicted with a species of moral malaise that may prove fatal to their moral identities and perilous to our whole society. This malaise is manifest in a growing conviction even among conscientious doctors, lawyers and ministers that it is no longer possible to practice their professions within traditional ethical constraints. For reasons which are explained below, this discussion focuses specifically on the “learned” professions: medicine, law and ministry. More specifically, the belief is taking hold that unless he looks out for his own self-interest, the professional will be crushed by the forces of commercialization, competition, government regulation, malpractice, advertising, public and media hostility and a host of other inimical socio-economic forces.

These forces, it is asserted, are conspiring to transform the learned professions into crafts, businesses or technologies. They are beyond the control of the professions. The fault lies not with the professions. Unless there is some upheaval in conventional morality, professional ethics as we have known it has no future. Indeed, perhaps given the realities of professional practice, professional ethics has rested on faulty philosophical foundations from its very beginnings. This line of reasoning leads to the conclusion that the self-interest of the professional justifies the compromises in, and even the rejection of, obligations imposed by traditional concepts of professional ethics.

In this article, strong exception is taken to this line of reasoning both in its foundations and in its conclusions. I argue to the contrary: 1) that what deficiencies there are in professional morality are, as they have always been, deficiencies in character and virtue; 2) that a firm philosophical foundation exists for altruism and fidelity to trust in the ethics of the professions; 3) that professional ethics must at times be independent of conventional morality; and 4) that the professions are moral communities with enormous moral
power which, properly used, can sustain the moral integrity of the practitioner and the professions. Moreover, if they use their moral power well, the professions can become paradigms of disinterested service that can raise the level of conventional morality.

This is an ambitious set of assertions. To speak of character and virtue in today’s moral climate is to be suspected of the sanctimoniousness of hypocrisy. We must admit that the concepts of virtue and character are two of the oldest and most slippery in moral philosophy. Also, the proper place of self-interest in virtue ethics has never been satisfactorily settled. Finally, we still lack a coherent moral philosophy of the professions in which to locate the concepts of character, altruism and self-interest and to define the relationships between them. These difficulties notwithstanding, we cannot avoid engagement with what I take to be the central crisis in the professions today—the confusion about who, and what we are, and what we should be.

The moral malaise to which I refer centers on more subtle issues than those more egregious infractions of professional ethics, which everyone will condemn. There is no need, therefore, to assault you with a Jeremiad of gross immorality like incompetence, fraud, deception, mismanagement of funds, violations of confidentiality, or sexual abuse of clients or patients. The more immediate concern is with those practices which are more at the "moral margin." These practices are often legal, often socially acceptable and are often tolerated, though with some misgivings. They occupy a moral grey zone where the interests of the professional and the patient or client intersect and where the vulnerability of the latter makes him exploitable by the former. They are ethical "ozone holes" that open up when moral sensitivities are blunted. Like their physical counterparts at the earth’s poles, ethical ozone holes can spread and have dire consequences unless repaired.

Each of our professions has its own list of morally questionable practices that its members would justify on the grounds of threatened self-interest. I will list a few from my own profession and leave to you in law, and the ministry to fill in your own analogues. For medicine, I would select these examples: refusing to treat patients with HIV infection for fear of contagion; denying service to the poor and those with inadequate or exhausted insurance benefits; turning away complicated cases from the emergency room for fear of malpractice; cooperating with hospital or public policies that require early discharge; economic transfer or the “dumping” of those who cannot pay on other hospitals; the various forms of medical entrepreneurism like

1. See Address by S. Linowitz to Cornell Law School (April 15, 1988). This speech by a distinguished lawyer details some of the ethical lapses at the moral margin in current legal practice.
investment in health care facilities; for profit medical ventures of all sorts; marketing to increase demand for dubious or unnecessary treatment or tests; and accepting bonuses for denying needed care or enjoying the many emoluments proffered by pharmaceutical companies.

Other professions can draw up their own lists of morally dubious practices. All such practices will, however, have three features in common. First, they are based on the use of privilege and power for the personal gain of the professional. Second, they reflect a failure to take certain risks required for the well being of those whom the profession serves. Finally, in the case of both of these features, justification is sought on the grounds of legitimate self-interest. It is my conviction that these practices and the justification sought for them derive from the de-emphasis on character and virtue in the three professions we are examining.

In what follows, I will examine three questions about the current moral malaise of the professions: 1) What are the reasons for the erosion of virtue ethics and the moral legitimation of self-interest in the ethics of the professions? 2) Is there a philosophical basis for restoring virtue ethics to the professions? 3) What are the practical and theoretical implications of such a return of virtue ethics? Before examining these questions, I should define the sense in which I shall use each of the key terms in my title—virtue, character, profession, ethics of the professions, altruism and self-interest.

The definition of virtue, the virtues and the virtuous person has occupied philosophers since Plato first raised the question of virtue, its nature, number and teachability. Despite numerous efforts since then, no one has improved on Aristotle’s imperfect but still useful definition. Aristotle identifies moral virtues as states of character, by which he means “the things in virtue of which we stand well or badly with reference to the passions....” 2 Virtue is a particular state of character, one which “both brings into good condition the thing of which it is the excellence and make the work of that thing be done well.” 3 And further, “the virtue of a man also will be the state of character which makes a man good and which makes him do his work well.” 4

Implicit in Aristotle’s definition are several crucial ideas. First, virtues are, as they were for Socrates, excellence (arête). They have a functional and teleological character since they make things do their work well (cutting, in
the case of a knife, and seeing, in the case of the eye are Aristotle's examples) and by that fact make the thing itself good.

In the case of humans, virtue makes us function as well as humans to achieve our ends or purposes. We are thereby made good humans. Defining human excellence is more difficult than defining the excellence of a knife. Aristotle addresses that question in both the Nichomachean and the Eudemian Ethics. I cannot hope to summarize that discussion here.

What is important, however, is that Aristotle's definition of virtue is linked to two other concepts—the concepts of the nature and the good of man. It is the fragmentation of the unity among these concepts that is largely responsible for the confusion we experience today in arriving at some consensus about the meaning of virtue. Plato, Aristotle and the Stoics were in general agreement, as was Aquinas (with the additional consideration of man's spiritual nature) on a comprehensive moral philosophy of which virtue was a part. The post-medieval dissolution of this moral philosophy which we shall shortly examine has left the idea of virtue without roots.

I have no pretensions in this Article that would lead me to attempt to define the virtuous person, the one who possesses to an excellent degree, the character traits that make for a good person. But I do believe it is possible to define the virtues that make for a good physician, lawyer or clergyman in terms of the ends to which those professions are dedicated.

The term character may be taken in two ways. In a general sense it sums-mates the kind of person one is, as revealed by the virtues and vices we exhibit in our attitudes and actions. More specifically, a person of character is one who can predictably be trusted to act well in most circumstances, to consider others in his or her decisions, to look at the long term meanings of immediate impulses and to order those impulses according to the canons of morality. In Aristotle's sense, a person of character (and here I mean virtuous character) is one who "stands well" with reference to the passions, who does not yield to extremes of self-interest, pleasure, or desires for power.

By "ethics of the professions", I do not mean the norms actually followed by professionals, or the professional codes they espouse, but rather the moral obligations deductible from the kinds of activity in which they are engaged. The ethics of the professions, therefore, consists in a rational and systematic ordering of the principles, rules, duties and virtues intrinsic to achieving the ends to which a profession is dedicated. This is the "internal morality" of a profession.5

By a profession, I mean something more than the usual, sociological defi-

5. J. Ladd, The Internal Morality of Medicine: An Essential Dimension of the Patient-
nition. A profession is, literally speaking, a declaration of a way of life that is specific, a way of life in which expert knowledge is used not primarily for personal gain but for the benefit of those who need that knowledge. The fuller meaning of this definition will emerge as my line of argument unfolds.

Altruism and self-interest as I shall use these terms in this Article are opposing moral concepts. Without entering into a detailed history of these two ideas I would make the following distinctions: altruism is that trait which disposes a person to take the interests of others into account in using power, privilege, position and knowledge. It was first introduced by August Comte (1798-1857). One need not accept, as I assuredly do not, Comte's philosophy of humanity and his positivism to use the term as I do. The key term for the ethics of the professions is altruistic beneficence. This means not only taking the interests of others into account but doing so in such fashion that our intentions and acts give some degree of preference to the intention of others. This is a more elevated notion of beneficence than simple benevolence—wishing others well, and non-maleficence, not doing them harm. It implies some degree of effacement of self-interest. Altruistic beneficence is particularly important for the professions given the special phenomenology of the professional relationship which I shall define later in this Article.

Self-interest too, has several meanings. There is a legitimate self-interest which pertains to the duties we owe to ourselves—duties which guard health, life, some measure of material well-being, the good of our families, friends, etc. Aristotle made clear the two senses which self-love may exist in humans.6 There is also an illegitimate sense of self-interest—at least in the moral philosophy of virtue and that is selfish self-interest. Here we take into account the interests of others but we discount them in favor of our own self-interests. This may be legitimate when taking into account that the good of others involves heroic degrees of self-sacrifice to the point of discomfort, financial loss, harm to family, or even death. Whether degrees of altruistic beneficence which require some cost in time, effort, or discomfort are required in ordinary affairs is a debatable question which I shall not engage for want of time.

The major point in my argument, however, is that, given the nature of

6. Aristotle, supra note 2, Bk. 9, Ch. 8. In this chapter, Aristotle distinguishes two types of self-love: reproachful and virtuous. Reproachful self-love is self-love that arises not according to a rational principle but according to passion. The person who loves self in this way desires what is advantageous, not what is noble. Id. at 1169a, 4-6. The person of reproachful self-love assigns to himself the greater share of wealth, honor, and bodily pleasure. The person who demonstrates virtuous self-love is inspired by the rational principle to secure for self the most noble goods. The actions of this person will benefit both himself and others.
professional relationships, some degree of effacement of self-interest—which I shall take to mean the same as beneficent altruism—is morally obligatory on health professionals. A virtuous professional, then, is one who can be expected with reasonable certainty to exhibit as one of his traits of character, altruistic beneficence construed as effacement of self-interest. The precise limits of such a trait, the way in which it would be defined in a specific instance, is not definable by formula.

Finally, I shall focus only on the three traditional “learned” professions of medicine, law and ministry. Other occupations like teaching and the military have been called professions in the past and now almost every activity that requires skill and is done for a living is called a profession. Indeed, some of the features I shall describe for the learned three will be possessed by other occupations. But the traditional three are paradigms of professional ethics because the characteristics which define them are clustered in a unique way as to degree, kind and number. To the extent that other professions commit themselves to other than self-interest, they approach the paradigm professions and what I say applies analogically to them.

II. WHAT ACCOUNTS FOR THE EROSION OF VIRTUE AND THE RISE OF SELF-INTEREST?

Let me turn now to the first of my three questions. What accounts for the erosion of virtue ethics? I select four factors: a) the unresolved conceptual tension between virtue and self-interest; b) the conceptual difficulties of virtue ethics itself; c) the modern turn in ethics from the character of the moral agent to the resolution of dilemmas; and d) the shift in economic and political values in the last decade.

A. The Inherent Tension Between Virtue and Self-Interest

The tension between self-interest and virtue was recognized at the beginning of western moral philosophy. Plato has Socrates confront this dilemma in the Republic when Thrasymachus asserts that “justice is simply the interest of the stronger.” Glaucon for his part contends that man by nature pursues self-interest and is deflected only by law—an idea also advanced by other ethical “relativists” like Thucydides and Gorgias. Callicles goes further and insists that virtue consists in acting selfishly and tyrannically. W.K.C. Guthrie does how persistent the idea of self-interest and self-love was in the thought of the Sophists.

8. W.K.C. GUTHRIE, THE SOPHISTS (1971). This is a thorough and detailed examination of the idea of self-interest and its relationship to justice in the THE REPUBLIC. It is
Aristotle too had difficulties with the reality of self-interest and its reconciliation with his doctrine of moral virtue. He asks if one should love one's self primarily, or one's neighbor. At one point, he tries to show, like so many philosophers thereafter, that acting to benefit others contributes to happiness and therefore is in one's own self-interest. But this is a weak argument because Aristotle also asserts that the truly virtuous person ought to practice altruism for its own sake. In his interesting analysis of this problem in Books VIII and IX of the Eudemian Ethics, Engberg-Pedersen concludes that Aristotle's position is that justice is the basis of all the virtues. The virtuous person assigns no more of natural goods to himself than to others. In this way he encompasses altruism, places restraints on inordinate self-interest and serves legitimate self-interest.

Despite the unresolved difficulties of dealing with the reality of self-interest, the ethics of Aristotle, Plato and the Stoics placed the emphasis squarely on virtues. Virtue ethics dominated classical and Hellenistic moral philosophy. It came to its highest development in the moral philosophy of Aquinas who joined the supernatural to the natural virtues. Thus the classical and medieval philosophies of virtue constituted a continuum.

This continuum centered on a conception of the virtuous person as one who exhibited the traits of character essential to human flourishing, and to optimal fulfillment of the capabilities inherent in human nature. For such a person, self-interest was recognized as a responsibility but it was to be submerged to varying degrees of noble acts in the interests of others. The good life called for a rational balance between personal good and the good of others. But the cardinal virtues—temperance, justice, courage and prudence all implied some degree of effacement of self-interest as a mark of the virtuous person. At a minimum the virtuous person was not to take advantage of the vulnerability of others. As examples: Socrates chose death to teach moral lesson to his fellow Athenians; Plato distinguished the art of making money from the art of healing. Cicero admonished the corn particularly helpful in its discussion of how Hobbesian and Machiavellian strains were prefigured in the thinking of the Sophists.

9. ARISTOTLE, supra note 2, at Bk.9, Ch. 8.
10. See J.M. COOPER, REASON AND HUMAN GOOD IN ARISTOTLE (1975) for a consideration of Aristotle's view on love of self and of others.
11. ARISTOTLE, supra note 2, at 1155b, 31, 1156b 9-10, 1159a 8-12, 28-33. See also W.F.R. HARDIE, ARISTOTLE'S ETHICAL THEORY 326 (1968).
13. HARDIE, supra note 11 says that for Aristotle, "the end of the state is 'greater and more perfect' than the end of the individual and thus, the activities of the statesman are aimed at happiness 'for himself and his fellow citizens'.” Id. at 216.
14. PLATO, supra note 7, at 341e-347a.
merchant not to raise prices when the crop was small.\textsuperscript{15} Hippocrates makes beneficent concern for the welfare of his patients the first principle of medical ethics.\textsuperscript{16} Thus while they recognized the reality of self-interest, the ancient and medieval moral philosophers held firmly to virtue as the touchstone of the moral life.

In the post-medieval period two philosophical assaults were launched on virtue ethics, one by Machiavelli and the other by Thomas Hobbes. Both are conceptual descendents of Thrasymachus, Callicles and the anti-virtue pre-Socratics. Both replaced the optimistic view of human nature with moral pessimism. Both found the traditional concepts of virtue antiethical to human nature and self-interest. Machiavelli simply converted the traditional virtues into vices, while Hobbes psychologized them as a form of self-interest. The Machiavellian and Hobbesian strains are the heart of today's moral malaise and cynicism which seeks to give moral legitimacy to the professional's self-interest.

\textit{B. The Machiavellian Strain}

Machiavelli (1469-1527), was too well educated in classical humanism to deny totally the value of virtue as an ideal in human conduct. But his observation of the real world in which men lived, in warfare, tyranny and political upheaval—convinced him that there was no survival value in living virtuously. The good man simply could not thrive in a world in which so many others were not good.\textsuperscript{17} And so Machiavelli advised the Prince he would be successful to use whatever means would ensure his survival and the continuance of his power. The classical cardinal virtues of temperance, justice, even at times, fortitude and prudence could be impediments when dealing with those who ignored these constraints on self-interest. In these circumstances the virtues, thus, became vices. Moreover, in the Machiavellian view, virtue itself became an instrumental notion, a power to effect a given end, rather than a behavioral ideal. Indeed for Machiavelli, virtue became virtù, "manliness"—an expression of power, rather than a disposition to act well as it was understood in the classical-medieval continuum.

Bernard Mandeville (1670-1773), a physician, went further than Machiavelli in some ways. Not only did he think the virtues were impractical but he held them to be vices—destructive not only for personal, but so-

\textsuperscript{15} See Cicero, De Officiis Bk 3, Ch. 13 (W. Miller trans. 1913).
\textsuperscript{17} N. Machiavelli, The Prince (1970): "This is because, taking everything into account [the prince] will find that some of the things that appear to be virtues, if he practices them will ruin him, and some of the things that appear to be wicked will bring him security and prosperity." Id. at 87.
cial, good. It is through greed, the desire for luxury, pleasure, and power that society prospers and things get done. The satisfaction of acquisitiveness, intemperance, and gluttony makes for jobs, puts money into the economy and provides a livelihood for many.\(^\text{18}\) Mandeville's, *Fable of the Bees*, whether tongue-in-cheek or not, has been influential in encouraging an anti-virtue bias which has always found supporters and has many today.

Nietzsche's (1844-1900) anti-virtue stance was of a different kind but still in the Machiavellian spirit. For Nietzsche's "ubermensch," the traditional virtues were meaningless. They were simply impediments to the achievement of greatness. The virtues were for lesser mortals. For the superman, virtues like temperance or justice would be vices.\(^\text{19}\)

A more modern exponent of a similar moral viewpoint is Ayn Rand. Her ideas, though far less well argued than those of Machiavelli, Mandeville or Nietzsche, are a current compound of all three. Rand's novels of the successful architect or industrialist extol the "virtues" of individualism, ruthlessness, power, and uninhibited pursuit of wealth and self-interest.\(^\text{20}\) Her ideas have had a considerable influence on those who seek moral justification for their acquisitive instincts. In this regard it is interesting to note that the slogan of *Regardie's* magazine is "Money, Power, Greed."

Moral Machiavellianism—whether in its original version or its later varieties in Mandeville, Nietzsche, or Rand is very much alive today. We see it in the medical entrepreneurs who own hospital or nursing homes, the lawyer/power broker who sells influence or leveraged buy outs and in the multi-million dollar ministries. Indeed, all who hold that virtue simply does not pay and that it is a fool's enterprise are moral Machiavellians.

**C. The Hobbesian Strain**

Machiavelli made the virtue into vices. Thomas Hobbes (1588-1679) on the other hand, tried to maintain some idea of virtue which was reconcilable and yet reconcile it with self-interest. His was a formal philosophical break with the medieval tradition. His aim was to establish ethics on purely naturalistic grounds, free of the theological spirit that characterized the medieval synthesis. He built his moral philosophy on a pessimistic view of human nature that departed sharply from the essentially optimistic classical-medieval view.

Aristotle opens his *Politics* by asserting that man is a social animal. Man,


Hobbes said, was unsocial by nature. He enters society only to satisfy his most fundamental urges. His selfishness is primary and is expressed in a desire to preserve his own life, enhance pleasure, avoid pain, and become secure from attack by others. Hobbes does not make the virtues into vices, rather he puts them at the service of self-interest. We pity others because we see the possibility of being in the position of those we pity. We are benevolent in return. "All society" he said "is for gain or glory". We obey society's rules only because we feel if we do not, others will threaten our security. In Hobbes' view, effacement of self-interest is unnatural, because it makes us the victims of others. Self-interest determines what is good and bad. But self-interest alone will not secure a peaceable society,—that must finally be secured by an absolute sovereign or society will be torn apart by competing self-interests.

Hobbes' view on self-interest was coupled with a scorn for the idea of the good which had been vital to classical and medieval philosophy. If the good is reducible to what we like or dislike, as Hobbes suggested, then virtues and vices are also matters of preference. Hobbes' powerful assertions shaped much of English moral philosophy. His successors tried either to rebut the primacy of self-interest or reconcile it with some more altruistic principle. I can give only a few examples here.

John Locke (1632-174), for example, agreed with Hobbes that good and evil are determined by pain or pleasure or conformity to some law. He did assert that we ought to help others but only if it did not endanger our own self-interest. Shaftesbury (1671-1713) tried hard to show that self-interest and service to others were synonymous. Virtues, he said, "pays off" in self-interest because of the pleasure we get from benevolent acts. The vices like anger, intemperance, and covetousness, on the other hand, bring pain. Shaftesbury thought that we ought to embrace virtue because we have an obligation to protect self-interest, so that affection for virtue is really affection for self-interest. Hutcheson (1694-1746) developed Shaftesbury's moral sense theory more fully, as did Hume (1711-1776). They identified virtue as that which gives the spectator of virtuous acts a feeling of approbation while vicious acts elicit disapproval. They took some of the bluntness out of Hobbes' emphasis in self-interest. But they end up agreeing that we have no ultimate obligation to virtue other than its bearing on our self-interest or happiness. Adam Smith (1723-1790) holds that virtues are those traits of

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21. T. Hobbes, Leviathan (C.B. MacPherson ed. 1968); see also Sidgwick, Outlines of the History of Ethics (1988). Sidgwick neatly summarizes Hobbes' paradoxical view of social duty: "a view of social duty in which the only fixed positions were selfishness everywhere and unlimited power somewhere could not but appear offensively paradoxical." Id. at 165.
character that are useful or agreeable to the moral sentiment of the agent or others. Bentham (1748-1832) argued that whatever is conducive the general happiness always conduces the happiness of the agent. In this way his utilitarianism reconciles self-regarding and other-regarding interests by subsuming all of these interests under the principle of greatest happiness. J.S. Mill (1806-1873) went further than Bentham positing that the greatest good of all is the source of one’s own happiness. One’s own self-interest, therefore, is best served by acting for the good of all. According to this view, consciously doing without happiness to achieve the greatest good of all, is paradoxically, a source of happiness.  

In contrast with the moral sentiment, theorists and the utilitarians, the Cambridge intuitionists like Cudworth (1617-1688) Henry More (1614-1687), and Cumberland (1631-1718) tried to show that there were reasons for virtuous acts even if they conflicted with self-interest. More even postulated a “Boniform faculty,” a virtue that gives us mastery over our baser impulses to serve selfish interests first.

Bishop Joseph Butler (1692-1752) took issue with both Shaftesbury and Hobbes. Neither self-love nor benevolence were the only affections involved in human behaviour. Altruism and self-interest do not completely exclude other desires and motivations. Nor are benevolence and self-interest mutually exclusive. Man has a conscience which enables him to order his passions so that he can do what is good not just for self. By conscience man can know how much benevolence will advance and how much will damage his self-interest. Butler was a cleric and looked to God to implant conscience in humans to point out what action is most in conformity with human nature. Thus conscience enables us to know that some things are inherently good and some inherently bad. Butler thus invoked theology implicitly if not always explicitly, though he tried, as did Hobbes, to extract his moral philosophy from reason.

Enough has been said to demonstrate how the question of altruism and self-interest arose in Hobbes and Machiavelli and established two powerful strains of thought with which moral philosophy has been occupied ever since. As I pointed out earlier, the problem arose in ancient philosophy as well. In Christian moral philosophy as enunciated by Aquinas, self-preservation was built into natural law. What is owed to self and what is owed to others was ordered by the virtue of Charity, which entails love for others as children of God and not for any ulterior purpose. This is the message of the

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22. See J. S. Mill, Utilitarianism Ch. 2 (G. Sher trans. 1979).
Sermon on the Mount. Indeed, it may be that this is the only way in which the inherent tensions between self-interest and altruism can ever be finally resolved.

These tensions certainly have not been resolved in 20th century moral philosophy. The subjectivism and emotivism of Ayer, the prescriptivism of Hare, the existentialism of Sartre, all make moral judgement matters of approval or disapproval, preference or self-determination. The metaethical emphasis on language and logic of moral discourse rather than the content of moral judgments further weakened the classical notions of virtues. As a result, the definition of virtue has become either so vague as to be meaningless or so encompassing as to include every conceivable likable trait.\footnote{E.L. Pincoffs, Quandaries and Virtues: Against Reductivism in Ethics (1986).}

Twentieth century moralists have refined the 18th century notion of moral sentiment and further psychologized ethics. In the light of the psychologies of Freud, or the behaviorism of Watson or Skinner, today, many moralists look to modern psychology to define the virtues and to close the gap between knowing the good and being motivated to do the good. Others look to genetics, culture or social organization to explain altruism and self-interest.\footnote{E. O. Wilson, Sociobiology, The New Synthesis (1975).} Nagel, on the other hand, presents a challenge to this trend and argues for the rationality of altruism. In doing so, he rejects the Humean subordination of reason to desire or emotion.\footnote{T. Nagel, The Possibility of Altruism (1978).} Philippa Foot tried unsuccessfully to link virtue and self-interest in her work Virtues and Vices.

The disarray of normative ethics, including the destruction of virtue ethics, has occasioned a spate of recent attempts to resuscitate the classical and especially the Aristotelian idea of virtue. This move was initiated by Anscombe\footnote{Anscombe, Modern Moral Philosophy, 33 Philosophy I (1958).} and MacIntyre.\footnote{A.E. MacIntyre, After Virtue: A Study in Moral Theory (1984).} Their success varies. The extent to which they can reverse the dominance of self-interest in ethics begun by Hobbes is highly problematic.

### III. Conceptual Difficulties of Virtue-Based Ethics

The second major factor in the erosion of virtue ethics is the philosophical difficulty inherent in the concept of virtue itself. First, is its lack of specificity. Virtue ethics does not tell us how to resolve specific moral dilemmas. It deemphasizes principles, rules, duties and concrete prescriptions. It only says that the virtuous person will be disposed to act in accord with the virtue appropriate to the situation. This lack of specificity leads to a distressing
circularity in reasoning. The right and the good is that which the virtuous person would do, and the virtuous person is one who would do the right and the good. We must define either the right and the good or the virtuous person if we are to break out of this logical impasse. But, these are just the definitions that have defied the conceptual ingenuity of the world’s best philosophers. Furthermore, virtue theory cannot stand apart from some theory of human nature and the good. The more vague our definitions of human nature and its telos, the more difficult it is to keep virtue from becoming vice and virtue. Since virtue ethics puts its emphasis on the character of the agent it requires a consistent philosophical anthropology; otherwise it easily becomes subjectivist, emotivist, relativist and self-destructive.

Further difficulties include the relations of intent to outward behavior. Is good intention a criterion of a virtuous person? How do we determine intention? Can a good intention absolve the agent of responsibility for an act which ends in harm—a physician telling a patient the truth out of virtue of honesty, precipitating a serious depression or even suicide? Few are virtuous all the time. How many lapses moves us from the virtuous to the vicious category? How does virtue ethics connect with duty-and principle-based ethics which give the objectivity virtue seems to lack?

Classical ethics in the East and the West have usually eschewed systems of rules or principles or at least subordinated them to the notion of moral character. Where do virtue and supererogation meet? Are virtues synonymous with duties? Is supererogation merely a higher degree of virtue? Why are some people virtuous and others not? Must we turn to sociobiology for the answer as some suggest? Are virtues genetically ingrained, mere survival mechanisms designed to propagate the gene pool?

In spite of its ancient lineage, these fundamental questions are yet to be answered. Because they have not been answered to everyone’s satisfaction, moralists have turned to something more probable—to the question, what shall I do? How do I solve this dilemma before me now?

IV. THE TURN TO QUANDARY SOLVING

This brings me to the third point I want to mention with regard to the erosion of virtue ethics, namely the turn-particularly in professional ethics—toward quandary and dilemma solving. This is the result of a number of factors operating in the last two decades. One is the concreteness and urgency of the new ethical issues arising in scientific advance and socio-political change. Medical and biological progress for example, challenge traditional ethics, and yet, they must be confronted without the ethical com-

pass points of a consensus on values or common religious beliefs. We are now a morally heterogeneous society, divided on the most fundamental ethical issues, particularly about the meaning of life and death. Without a common conception of human nature, we cannot agree on what constitutes a good life and the virtues that ought to characterize it. As a result, the ethics of the professions, especially of the medical profession, have turned to the analysis of dilemmas and of the process of ethical decision-making. For many, ethics consists primarily in a balancing of rights, duties and prima facie principles and the resolution of conflicts among them. Procedural ethics has replaced normative ethics. This avoids the impasses generated when patients, clients and professionals hold fundamentally opposing moral viewpoints.

But analysis cannot substitute for character and virtue—even though it provides conceptual clarity. Moral acts are the acts of human agents. Their quality is determined by the characters of the persons doing the analysis. Character shapes the way we define a moral problem, selects what we think is an ethical issue, and decides which principles, values and technical details are determinative.

It makes a very great difference, therefore, whether a professional is motivated by self-interest or altruism. Given the realities of professional relationships, the character of the professional cannot be eliminated from its central position and that is why virtue ethics must be restored as the keystone of the ethics of the professions.

A fourth and final factor eroding a virtue approach in the medical profession is the legitimation in public attitudes of, and tolerance for, self-interest, in response to the economic imperatives acting so forcefully on the health care system. To this end, physicians and other providers have been encouraged to compete with each other. The availability, cost and quality of health services has been turned over increasingly to market forces. The Federal Trade Commission has classified the professions, yours and mine, as businesses and made them subject to one ordering principle—the preservation of competition.\(^{31}\) Health providers have been encouraged to become entrepreneurs, to invest in health care facilities and technologies, to be offered bonuses for keeping utilization of health care resources to a minimum. Without these incentives, it is argued, the best will not enter medicine, or will retire early. Medical progress would stop and new services would cease to be available. For the first time in medical history, self-interest has been given legal and moral legitimation and profit has been turned into a profes-

sional virtue. These trends are making the physician into a businessman, an entrepreneur, a proletarian, a gatekeeper, and a bureaucrat. Never has there been more confusion about who, and what, it is to be a physician.

V. IS THERE A PHILOSOPHICAL BASIS FOR RESTORING VIRTUE ETHICS?

This brings me to my second major question—is there a sound philosophical foundation in the nature of professional activity for resolving the tension between altruism and self-interest in favor of virtue and character? I believe there is, and I would ground my proposal in six characteristics of the relationship of professionals with those who seek their help. Individually, none of these phenomena is unique in kind or degree. They may exist individually in other human relationships and occupations. But, as a moral cluster, they are, in fact, unique and generate a kind of "internal morality"—a grounding for the ethics of the professions that is in some way impervious to vacillations in philosophical fashions, as well as social, economic or political change. This internal morality explains why the ethics of medicine, for example, remained until two decades ago firmly rooted in the ethics of character and virtue. This was true of the medical ethics of the Hippocratic school and the Stoics, it is found in the seminal texts of Moslem, Jewish and Christian medical moralists. It persisted in the 18th Century in the writing of John Gregory, Thomas Percival and Samuel Bard, who, although cognizant of the philosophies of Hobbes, Adam Smith and Hume, nonetheless, maintained the traditional dedication of the profession to the welfare of the patient and to a certain set of virtues. Only in the last two decades has there been (to use Hume's terms) a "sentiment of approbation" regarding self-interest.

The first distinguishing characteristic of professional relationships is the dependence, vulnerability and eminent exploitability of the person who seeks the help of a physician, lawyer or clergyman. The person in need of help to restore health, receive justice or rectify his relationships with God is anxious, in distress and driven by fear. To avoid death, damnation or incarceration, he is impelled to seek help though he wishes he could avoid it. He is not free to pursue life's other goals until help is forthcoming.

The second characteristic of professional relationships is their inherent inequality. The professional possesses the knowledge that the patient or client needs. This places the preponderance of power in his hands. He can use it well or poorly, for good or evil, for service or self-interest. How can we speak, as some do, of the professional relationship as a contract when one party is so dependent upon the other's services?

The third characteristic of professional relationships is their special fiduci-
ary character. In a state of vulnerability and inequality, we are forced to trust our physicians, lawyers or ministers. We are ill equipped to evaluate their competence. We are forced to reveal our intimate selves-baring our bodies, our personal lives, our souls and our failings to another person who is a stranger. Without these invasions of our privacy, we cannot be healed or helped. Moreover, the professional invites our trust. Professionals begin their relationship with us with the question—how can I help you? Implicitly they are saying, “I have the knowledge you need,–trust me to have it and to use it in your best interests.” In the case of medicine, that promise is made in a public oath at the time of graduation when the graduate announces to all present that, henceforth, he can be trusted to serve interests other than his own. It is repeated in the codes of medicine and the other professions and the ordination rites of clergymen.

Indeed, it is the public declaration that defines a true “profession” and separates it from other occupations. The very word comes from the Latin profiteri, to declare aloud, to accept publicly a special way of life, one that promises that the profession can be trusted to act in other than its own interest. Businessmen and craftsmen ask to be trusted, but not at cost to themselves. Caveat emptor can never be the first principle of a profession.

Fourth, the knowledge of true professionals, as I have just defined them, cannot be wholly proprietary. Their knowledge is ordained to a practical end, to meeting certain fundamental human needs. Professional knowledge does not exist for its own sake. This is clearest in medicine where society permits invasions of privacy that would otherwise be criminal in order that physicians may be trained. Thus, medical students who are not fully skilled are permitted to dissect human bodies, attend and assist at autopsies and operations, and participate in the care of sick people. They are allowed literally to practice albeit under supervision. Surgeons in training take many years to develop their skills. Their first operations are hardly as proficient as those which follow. Teaching with patients involves delays, diffusion of responsibility and accountability, and discomfort and even physical risk for the patient. Society permits these invasions of privacy and the risks attached to them, not primarily so physicians can make a living, but because society needs an uninterrupted supply of doctors. Medical knowledge, and analogously, legal and clerical knowledge, are held in trust for those who need them. They can never be solely dispensed for the profit of the professional or on terms unilaterally set by him or her. That is why lawyers are officers of

32. See R. E. Goodin, Protecting the Vulnerable: A Reanalysis of Our Social Responsibilities (1985). This author proposes vulnerability as a source of moral obligation in his analysis of our social responsibilities.
the court, and clergymen are ordained to minister in the name of God or their churches.

The fifth feature of the professional relationship is that the professional is the final common pathway through which help and harm must pass. The final decisions, actions, and recommendations must be made by one person, the professional, with whom the patient or client has a convenantal relationship of trust. No policy, no law, no regulation can be effective unless the physician, lawyer or minister permits it to influence the professional relationship. Professionals are allowed wide discretion because the needs of those they serve are unique. Professionals are, thus, guardians of the patient's interest and responsible for any act in which they participate.

The sixth distinguishing characteristic feature of professional relationships is that the professional is a member of a moral community, that is, a collective human association whose members share the privileges of special knowledge and together pledge their dedication to use it to advance health, justice or salvation. Together the members of the moral community make the same promises and elicit the same trust they do as individuals. They are bound by the same fidelity to the promise they have collectively made and the trust they have collectively elicited. The professional is, therefore, not a moral island. He belongs to a group which has been given a monopoly on special knowledge and holds it in trust for all who need it. Each professional is responsible to his colleagues and they are together, responsible for him. Collectively, they are responsible for fidelity to the trust they have solicited from society. This is what the privilege of self-regulation means—*not* that each professional is his own judge of what is ethically permissible.

These features regarding human relationships are the components of the "internal morality" of the professions, the immediate moral ground for their obligations, and the source of definition of their virtues. To use Aristotle's terminology, those virtues make the work of the professions "be well done." The virtues of professional life are many, but I believe they are reducible, primarily to two—fidelity to trust and beneficence, which follows from the virtue of fidelity to trust. These two traits of character are the ethical foundations upon which the other virtues and principles of professional ethics depend. Clearly, they are incompatible with the Machiavellian and Hobbesian doctrines of self-interest. Their reality and irreducibility provide the most powerful argument for the restoration of virtue ethics in professional morality.33

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VI. THE PRACTICAL IMPLICATIONS OF VIRTUE ETHICS

If there is validity in the philosophical foundations of professional morality, a number of practical implications follow which are pertinent to healing the moral malaise and confusion of today's professionals.

First, professionals cannot displace the moral failings of the professions on others-on society, other professions, government, economics, the marketplace, etc. No one can make the conscientious professional do what he thinks is not in the interests of his patient or client. Can anyone force doctors to follow a policy damaging to their interests? The fact that the professional is the final common pathway for all policies and decisions and actions forces him to be the guardian of the interests of his patient or client. Indeed, he invited that responsibility when he invited the patient or client to trust him.

As a result, individual practitioners must be very careful in exonerating themselves from morally dubious practices on the basis of survival. Professional ethics will have no future only if it is gradually suffocated by the moral compromises of individual professionals. There will be times when, as guardians of the patients' welfare, physicians will have a moral obligation to refuse: they will refuse to "dump" the patient who cannot pay; they will refuse to discharge the patient before he is ready; they will refuse to act as society's fiscal agents; they will refuse to be seduced by the profits of investments and ownership of health facilities or bonuses for denying or delaying needed care; they will refuse to be gatekeepers, except to protect their patients from unnecessary medical interventions or procedures.34 The physician of character will be the one who can reliably be expected to exhibit the virtues of fidelity to trust and effacement of self-interest.35

The second practical implication is that the individual professional must not be expected to stand by when the well-being of his patient or client is threatened. It is an obligation of the professions as moral communities to be advocates for those they serve and to take collective action to assure that their services are available and accessible to all, to protect those in need of healing, justice or salvation against legislation, and public or institutional policies that may harm them. The professions as moral communities must also take the responsibility for each member's ethical behavior seriously enough to monitor, discipline and even remove each other when the canons

34. See Ansberry, Dumping the Poor, Wall St. J., Nov. 29, 1988, at 1 col. 1.
35. Engelhardt & Rie, Morality for the Medical Industrial Complex, 319 NEW ENG. J. MED. 1086 (1988). These authors argue against the thesis that I am presenting particularly in their view that traditional standards must be tailored to conform to institutional and third-party payer's requirements.
of professional morality are violated. Think of the enormous moral power the professions could exert if they were truly the advocates of those they serve. Suppose that, in addition, all the helping professions were to join their efforts. Could any society resist? Can they do less? In the face of this power, can any of the three great professions blame society for their own moral lassitude?36

A third implication is that the formation of character is as important in the education of professionals as their technical education. Although this was a major concern of professional education in the past, it has now been forsaken. People have asked ever since Plato raised the question in the Meno—can virtue be taught? I believe it can. Obviously, the whole task of character formation cannot be left to the professional schools. Families, churches and schools, all shape the students' character long before they enter professional schools. But these schools must also teach what it is to be a good physician, lawyer or clergyman—what kind of person the good professional ought to be. Much can be done in character formation when a student is motivated by his desire to be a good professional even if his education prior to medical, law school or seminary was morally neutral or deficient.

The most effective instruments of character formation are the professionals who teach in medical and law schools and seminaries. But they must be able to demonstrate that competence and character are inseparable, and that fidelity to trust and self-effacement can be, and must be, indispensable traits of the authentic profession. Unfortunately, not enough professional school faculty members are convinced of this or morally equipped to serve as models of virtue.

Paradigm cases of ethically sensitive professionals drawn from the history and tradition of each profession are also helpful. They are more effective than is generally realized. One of the tragedies of medical history is its depreciation of the lives of the great physicians. While biographies may not have much fascination for the sophisticated medical historians, they still have inspirational value for the aspirants to medicine. Other professions have their morally paradigmatic biographies as well. Most professional students enter with some ideal of service in mind which the professional school has a responsibility to re-enforce.

A fourth implication is that cure of the moral malaise of the professions requires something more than reordering the social organization or tailoring the semantic and semiotic feature of professional codes as Kultgen rather

36. J. Callahan, Ethics and the Professional Life (1988). This is an anthology dealing with the relationships between professional and ordinary morality with contributions by philosophers and professionals in law, medicine and business.
naively supposes. What failings there are in the professions are failing in character and not in the language of our codes. If character and virtue are restored, the appropriate social reorganizations will follow—not the other way around.

Finally, there are theoretical reasons for a restoration of virtue, both in general and professional ethics. Happily a renaissance of interest among moral philosophers in this subject is very much in evidence. But virtue ethics must not be seen as self-sufficient or as antithetical to principle for duty-based systems of the analysis of ethical dilemmas. The theoretical challenge is to develop the logical connections between analytical and virtue ethics, between principles and character, to close the gap between cognition of the right and good and the motivation to do it, and in the light of my whole analysis, to strike the morally defensible balance between self-interest and its effacement which recognizes the primacy of altruistic beneficence.

The theoretical challenges will be complicated because virtue and duty-based ethics are today isolated from a more comprehensive moral philosophy which could tell us why we must be moral and what we define as the moral life. We need to reconnect ethics to some notion of the good and to a coherent philosophical anthropology. To this end it might be well, to reexamine the classical medieval synthesis before ethics was torn from its roots in moral philosophy. That synthesis, amplified by our newer knowledge of human nature, derived from the biological and social sciences and reflected upon theologically, might provide the new resuscitation that an effective virtue ethics demands.

For the time being, a reflection on the nature of professional relationships can be fruitful even in the absence of a comprehensive moral philosophy of which it might be a part. The internal morality of the professions, based on the realities of professional relationships, is clear enough to help us repair the ozone hole opened in the fabric of professional ethics, even if we cannot repair the whole moral atmosphere on which our society depends for its survival.

VII. CONCLUSION

I have emphasized what I believe to be some of the elements common to the moral philosophy of the three professions of medicine, law and ministry. Many of these same features are shared by other professions. I must leave them to decide how the virtues of fidelity to trust and effacement of self-interest apply to them. Suppose all the professions were to acknowledge vir-

tue as a ground for moral accountability. Would this not be the leaven for raising the standards of conventional morality as well?