An argument for the moral obligation of physicians to practice healthy behaviors

Kathryn A. Skimming

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An Argument for the Moral Obligation of Physicians to Practice Healthy Behaviors

by

Kathryn A. Skimming

Honors Thesis

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Advisor: Terry L. Price
Abstract

An Argument for the Moral Obligation of Physicians to Practice Healthy Behaviors

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Committee members: Dr. Terry Price, Dr. Crystal Hoyt, and Dr. John Vaughan

Obligations of physicians to practice healthy behaviors are analyzed through three ethical frameworks. Physicians can be considered public benefactors and are able to influence patients to adopt healthier habits and increase total utility. Society creates a moral obligation for physicians to follow the norms regarding a physician’s appearance. Kant’s categorical imperative also shows physicians have a moral obligation to practice healthy behaviors. Finally, a healthy lifestyle can be considered a mean between extreme behaviors. The medical community should try to promote an environment in which physicians are better able to practice healthy behaviors, because a situation can influence our behaviors.
Signature Page for Leadership Studies Honors Thesis

An Argument for the Moral Obligation of Physicians to Practice Healthy Behaviors

Thesis presented

by

Kathryn A. Skimming

This is to certify that the thesis prepared by Student Name has been approved by his/her committee as satisfactory completion of the thesis requirement to earn honors in leadership studies.

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Associate Dean for Academic Affairs
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Introduction

A physician’s job entails promoting patients’ health and curing them of illness or disease. Many physicians, especially those in primary care and family medicine specialties, counsel their patients on how to live healthy lives. Physicians advise patients on healthy lifestyle behaviors depending on what the latest scientific studies and research suggest. They tell patients to make sure they eat right, exercise enough, avoid cigarettes, use sunscreen, get mammograms, and adhere to other health recommendations.

Patients often heed their physician’s advice because a physician is considered an authority and leader in the field of medicine and healthcare. Physicians have advanced degrees and knowledge of science and the human body that qualify them as experts in medicine. Physicians have extensive education and training in medical school and residency programs to ensure that all physicians possess a standard level of competence. They continue to gain experience and knowledge of particular diseases or illnesses by treating patients in their everyday practice of medicine. Physicians must also maintain their proficiency in the new advances in science and standards of care through completion of continuing education and board recertification examinations. Thus physicians have power in their relationships with patients because of their expertise in the field of medicine.¹

But while physicians may know about all the prevention and screening information available, and also advise their patients to practice certain healthy behaviors, it seems peculiar and perhaps hypocritical when we notice physicians who do not practice the healthy lifestyle they preach to their patients. We may go in to see our primary physician who tells us we should try to exercise for thirty minutes a day. But the physician’s credibility may be undermined if we

notice a few extra pounds around the physician’s waist. The physician may also warn us of the
dangers of smoking and the risks for cancer and advise us to quit; but the message may fall on
deaf ears if the physician smells of smoke or we saw the physician smoking a cigarette outside
when we entered the hospital building. There may be some motivation that comes from knowing
a physician also struggles to practice the healthy habits they advise us to follow, but there are
also damaging effects when patients discover a physician is acting hypocritically.

This brings us to the question that I will ultimately try to answer, “Do physicians have a
moral obligation to practice healthy behaviors in order to give an appearance of health to their
patients?” I will attempt to answer this question by analyzing how the health of a physician can
be viewed by consequentialist, deontological, and virtue ethics frameworks. These main theories
in philosophical ethics can be used to evaluate the morality of an agent or her actions by looking
at the outcomes of the action, duties of the agent, and character of the agent, respectively. I will
draw on empirical studies, codes of medical ethics, current practices and policies, and the
writings of thinkers such as John Stuart Mill, Immanuel Kant, and Aristotle to structure my
discussion. I will argue that physicians are role models in the medical community. Their
professional position provides them with great influence that creates a responsibility to engage in
healthy behaviors and give an appearance of health to their patients. Ultimately, I will argue that
this responsibility is a moral one grounded by the three ethical frameworks we will use to
analyze the question.

But before I begin to analyze this question, I would like to emphasize that we can have
flaws in our perceptions and judgments that lead us to potentially inaccurate conclusions
regarding the health of physicians. For example, we may see an overweight physician and jump
to the conclusion that this physician is unhealthy. However, there is more to health than simply
one’s weight and being slightly overweight does not necessarily affect one’s health. Cholesterol and triglyceride levels along with various other measures are important indicators of health, but may not be physically observable characteristics. People often do not know how the observable traits relate to someone’s health and may quickly form a perception of someone without knowing the real truth about their health.

When discussing physicians’ health, we should be attentive to the fact that someone’s health is not always determined by how they look or the lifestyle they lead. The body is far more complicated than how it simply appears to outside observers. But for the purpose of this paper, when I discuss the health of the physician, I will refer to the lifestyle practices that the physician presents to their patients and other observers by their physical appearance and visible actions.

There are also many diseases and illnesses that are not preventable by our own behaviors and are considered out of our control. For example, breast cancer or Type I diabetes are brought on by genetic or environmental factors that patients cannot change. If someone has a disease or illness such as this, they could not be held responsible for being unhealthy because it was brought on by factors they could not control.

I will argue that physicians should engage in behaviors that promote their own health and prevent illness that they recommend to their patients. There may be factors that are outside of the physicians control and their physical appearance may not directly correlate to how healthy they actually are. But physicians are role models for the way their patients should act and have a responsibility to also practice these healthy behaviors.

Patients’ perceptions of physicians are greatly influenced by the appearance and lifestyle of the physician. Patients’ feelings towards their physician can impact the patient-physician relationship which can ultimately affect the patients’ own health. It is important that physicians
are aware of their influence with patients and understand the indirect effects of their physical appearance and observable behaviors. I believe the physician’s influence as a leader is so far reaching that it can create a moral obligation for physicians to practice healthy behaviors so they present the appearance of health.
Chapter 1

Mill and the Consequences of a Healthy Physician

In July of 2009, Dr. Regina Benjamin was nominated by President Barack Obama to become Surgeon General of the United States. Dr. Benjamin is a general practitioner who established a medical clinic for the poor in a rural part of Alabama that was devastated after Hurricane Katrina. For her accomplishments, she was chosen as a MacArthur Fellow in 2008 for outstanding public service, and she was also the first African-American woman and first person under forty to be elected to the American Medical Association’s board of trustees. Despite being very well qualified for the position of Surgeon General, the press criticized her nomination because she is also visibly overweight.

Critics found Dr. Benjamin’s weight to be particularly problematic because her role as Surgeon General would include encouraging Americans to lead healthier lives. Obesity remains a significant public health problem in the United States as 34 percent of all Americans over 20 years old are considered obese. Several critics were concerned over Dr. Benjamin’s credibility as a health care advocate for Americans. Lillie Shockney, director of the Johns Hopkins Avon Breast Center, commented that “we want to influence young people to live a healthy lifestyle and be physically active and eat healthy food…. I want an image of wellness [in the Surgeon General] because young people will hear her better if she is practicing what we expect her to preach.” Marcia Angell, former editor of the New England Journal of Medicine and a lecturer at Harvard University Medical School pointed out that “we don’t know how much [Dr. Benjamin]...

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4 Spillius, Alex. “New US surgeon general criticized for her weight.”
weighs and just looking at her I would not say she is grotesquely obese or even overweight enough to affect her health.” But “at a time when a lot of public health concern is about the national epidemic of obesity, having a surgeon general who is noticeably overweight raises questions in people's minds.”

Others, however, did not have concern regarding Dr. Benjamin’s weight. Steven Blair, a professor at the Arnold School of Public Health at the University of South Carolina said “the focus should be on Dr. Benjamin’s credentials and accomplishments. What difference does her size make?” Chris Hill, a pharmacist, also commented that “[d]octors are human, too.... They get sick, smoke, overeat and die like everyone else. Everyone does not have to look like a TV anchor in order to do a good job, etc. Being healthy and tiny are not the same things. Are you saying overweight people can't or shouldn't be professionals?” These supporters do not feel that Dr. Benjamin’s personal weight should affect her role as Surgeon General or as a national leader in health care for the United States.

The reaction to Dr. Benjamin’s nomination for Surgeon General raises several questions regarding physicians. Does a physician lose creditability by being overweight? Are overweight physicians qualified to promote health in their patients? Are they good role models for patients? Do they better understand the plight of overweight Americans? These questions bring to light conflicting notions of the role and obligations of a physician and a health care leader. We must ultimately ask ourselves then, do physicians have a moral obligation to practice healthy behaviors?

I will begin to answer this question by using a consequentialist framework. I will focus on the utilitarian viewpoint and writings by John Stuart Mill to direct my analysis. I will use

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5 Spillius, Alex. “New US surgeon general criticized for her weight.”
7 Donaldson James, Susan. “Is Regina Benjamin, Surgeon General Nominee, Overweight?”
textual evidence from Mill’s work, look at and evaluate possible consequences supported by empirical evidence, and discuss potential problems allowing physicians to lie and use deception to obtain good consequences.

**Utilitarianism and Mill**

Consequentialism is one of the main ethical frameworks that can be used to assess the morality of specific actions. As opposed to virtue or deontological theories, consequentialist theories evaluate an action based solely on the outcome that action produces. From a consequentialist perspective, a morally right action is one that generates good consequences or outcomes.

Utilitarianism is a consequentialist theory that aims to achieve total utility. Utilitarian theorists place great value on pleasure and freedom from pain. In fact, these values are believed to be the “only things desirable as ends.” Utilitarianism focuses on increasing the total pleasure and happiness and decreasing total pain among conscious beings. According to the standard version of utilitarianism, an act is considered morally right if it maximizes the good. Therefore, the net consequence of pleasure minus pain can be used to determine whether an action is morally right. The morally right action will be the one that maximizes the good overall.

John Stuart Mill, one of the early utilitarian thinkers, believes that the quality of the pleasure, not just the amount, should be considered when determining total utility. In *Utilitarianism*, he expresses his belief that there are differences in the quality of pleasures. When comparing the value of two pleasures, Mill thinks it is an “unquestionable fact that those who are equally acquainted with and equally capable of appreciating and enjoying both do give a

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most marked preference to the manner of existence which employs their higher faculties."\textsuperscript{10}

Pleasures of “intellect, of feelings and imagination, and of the moral sentiments” have a much greater value than pleasures from bodily sensations.

**The Quality of the Pleasure of Health**

After explaining the differences between higher and lower pleasures in terms of cognitive, emotional, and moral abilities, it is interesting to note that Mill uses health as an example to defend the superiority of the higher pleasures, even though one may sometimes choose a lower pleasure. Mill states,

It may be objected, that many who are capable of the higher pleasures, occasionally, under the influence of temptation, postpone them to the lower. But this is quite compatible with a full appreciation of the intrinsic superiority of the higher. Men often, from infirmity of character, make their election for the nearer good, though they know it to be the less valuable; and this no less when the choice is between two bodily pleasures, than when it is between bodily and mental. They pursue sensual indulgences to the injury of health, though perfectly aware that health is the greater good.\textsuperscript{11}

Mill’s decision to use health in this example is particularly interesting because health would not appear to be considered a higher pleasure under Mill’s definition. Health does not require the use of our higher facilities of “intellect, feelings, imagination or moral sentiments.”\textsuperscript{12} Instead, health could be thought of as similar to the lower pleasures because it refers to the body and absence of

\textsuperscript{10} Mill, John Stuart. *On Liberty and Other Essays*. p 139.

\textsuperscript{11} Mill, John Stuart. *On Liberty and Other Essays*. p 141.

bodily pain or illness. But in this example, Mill makes a distinct preference for health as a higher pleasure because of its intrinsic superiority over pleasure from tempting, unhealthy behaviors.

There must be something, then, to distinguish between the bodily pleasures of health and sensual indulgences that would allow Mill to believe that “health is the greater good.”\textsuperscript{13} In \textit{Utilitarianism}, Mill also mentions standards that can be used to judge pleasures and says that “utilitarian writers in general have placed the superiority of mental over bodily pleasures chiefly in the greater permanency, safety, uncostliness, etc., of the former—that is, in their circumstantial advantages rather than in their intrinsic nature.”\textsuperscript{14} Mill recognizes that a particular pleasure can be found to be greater than another if it is more permanent, safe, and uncostly. He points to these circumstantial factors as reasons why mental pleasures are found to result in a greater pleasure than physical ones. Even though Mill states that health is intrinsically superior to sensual indulgences, we can compare the two pleasures under these circumstantial parameters to show that the pleasure from health is also greater than the pleasure from sensual indulgences.

First, let us consider the permanency of the pleasure from health as compared to sensual indulgences. The pleasure one receives from eating sweets or smoking is almost instantaneous. One begins to enjoy the taste of chocolate as soon as it is placed in one’s mouth. But this pleasure is only temporary and disappears soon after the piece of chocolate is eaten. One must continue to eat more chocolate to keep obtaining pleasure from it. Therefore, sensual pleasures must be continually repeated if the pleasure is to be maintained. This fits in with Mill’s belief that people can “addict themselves to inferior pleasures.”\textsuperscript{15}

The pleasure from health, on the other hand, can be sustained for a longer time. After going for a run, one can feel the immediate pleasure from endorphins produced in the body. But

\textsuperscript{13} Mill, John Stuart. \textit{On Liberty and Other Essays}. p 141.
\textsuperscript{15} Mill, John Stuart. \textit{On Liberty and Other Essays}. p 141.
there is also the benefit from working your cardiovascular system. Exercising can help keep your heart healthy and free of pain and illness in the future. Thus, healthy behaviors can also have a more permanent pleasure than the one experienced just in the moment of the behavior.

Second, healthy practices can also be considered superior when considering safety. Healthy behaviors help to prevent certain diseases and illnesses. However, unhealthy behaviors such as tobacco use, poor nutrition and physical inactivity, and alcohol consumption together accounted for 38.2% of all deaths in the United States in 2000. Healthy practices can then be considered safer than unhealthy ones because they help to prevent avoidable deaths.

Third, health is less costly than indulging in unhealthy behaviors. There may be some monetary cost associated for both healthy and unhealthy behaviors in the present. For example, cigarettes are expensive and fresh, organic foods tend to cost more than fast food. But these costs do not compare with the high costs of medical bills many patients and insurance companies face by treating preventable illnesses and diseases in the future. Society wastes time, money and other valuable resources when curing illness and disease that could have been prevented if individuals made healthier lifestyle choices. A RAND study also estimated that the United States could save nearly $81 billion in annual health expenditure with prevention and disease-management programs. This is a significant figure that represents the money that could be saved if individuals were healthier and took more preventative measures. Unhealthy behavior can be very costly in the long term. Total utility could be reached by saving time, money and other resources if people practiced healthier lifestyle habits that promoted prevention of chronic illnesses and disease.


Therefore, even though health and sensual indulgences are both pleasures relating to the body, health can also be viewed as superior because of its circumstantial advantages. Moreover, although Mill does not make this explicit, I will suggest that health must fall somewhere in between higher, mental pleasures and lower, bodily pleasures in terms of intrinsic value. Health does not utilize our higher facilities like Mill defines higher pleasures, but the pleasure (or lack of pain) from being healthy has a far greater quality than the pleasure obtained by unhealthy behavior such as eating sweets or smoking. In this context, we do not need to be concerned about finding exactly where health lies on the spectrum of pleasure. It is sufficient that health results in a higher quality of pleasure than if one indulged in unhealthy behaviors. According to Mill's theory, we can conclude that total utility would be greater maximized by striving to maintain health than by giving in to the temptations of sensual pleasures that are harmful to the body for both circumstantial reasons and reasons intrinsic to the nature of the pleasure of health.

**Physician as Public Benefactor**

We should therefore be concerned with finding the means to increase health and minimize tempting, unhealthy behaviors so that utility can be maximized. I propose that physicians are leaders and role models in healthcare and have the ability to influence patient's behavior. This influence can be far reaching in society and provides physicians with unique obligations to their patients and ultimately society.

Mill points out that generally people do not have a large effect on the total utility of society. However, he recognizes that in a few situations some people, whom he calls public benefactors, do possess this rare ability. Mill says,
The multiplication of happiness is, according to the utilitarian ethics, the object of virtue: the occasions on which any person (except one in a thousand) has it in his power to do this on an extended scale, in other words, to be a public benefactor, are but exceptional; and on these occasions alone is he called on to consider public utility; in every other case, private utility, the interest or happiness of some few persons is all he has to attend to.\(^{18}\)

Most physicians see hundreds of patients every week in their profession. As the new health care reforms take shape, they promise to provide all Americans appropriate health care and access to a physician. Thus most people in society can be considered patients at some time in their life. If physicians are able to influence their patients, then they also must have a greater influence over the total utility of society than the average person. They could then be considered public benefactors as Mill describes them.

Public benefactors have the ability to affect the total utility of society. Because of their wide influence, public benefactors have certain responsibilities that most people do not need to consider. Mill says,

> Those alone the influence of whose actions extends to society in general need concern themselves habitually about so large an object. In the case of abstinences indeed—of things which people forbear to do, from moral considerations, though the consequences in the particular case might be beneficial—it would be unworthy of an intelligent agent not to be consciously aware that the action is of a class which, if practiced generally, would be generally injurious, and that this the ground of the obligation to abstain from it. The amount of regard for the public

interest implied in this recognition, is no greater than is demanded by every system of morals; for they all enjoin to abstain from whatever is manifestly pernicious to society.\textsuperscript{19}

Mill says that because the public benefactor’s actions have such a wide influence over the rest of society, they have a special responsibility to monitor their actions. Even if an action were to result in good consequences in the public benefactor’s particular situation, the public benefactor should not engage in actions that would result in bad consequences if they were generally practiced. According to this responsibility, physicians would then have an obligation to abstain from lower pleasures of sensual indulgences in order to protect society from the decrease in utility from their patients practicing unhealthy behaviors instead of healthy ones.

**Physicians’ Influence over Patients**

If physicians are to be considered public benefactors with unique responsibilities, we must illustrate physicians’ ability to influence their patients’ behavior to demonstrate that they can have an effect on the overall society. Physicians influence patient’s lifestyle habits through counseling and health screening. Counseling is very valuable to the health of patients because the information from physicians educates patients about the importance of healthy lifestyle practices and illness prevention.

Studies show that patients are likely to listen to their physicians and make appropriate behavioral changes. Elley et al, performed a study on patients who did not exercise for half an hour five or more times a week. The study found that patients who were given more counseling and intervention about the benefits of exercise were more likely to increase their physical activity

\textsuperscript{19} Mill, John Stuart. *On Liberty and Other Essays.* p 151.
and improve their quality of life within twelve months than patients who received standard care. Clinical trials have also shown modest, yet statistically significant, improvement in tobacco-cessation rates for patients who have received physician counseling. Cessation rates have also increased as the length of time spent counseling increased. These studies reveal that patients listen to the advice of their physicians and are likely to adapt a healthier lifestyle under their physician’s direction. Therefore, physicians can influence their patients’ behaviors and ultimately their patients’ health by teaching them about a healthy lifestyle and preventative measures. These studies support the notion that physicians can be considered public benefactors.

Physicians may be even more influential to their patients depending on their own lifestyle behaviors. Data from the Women Physicians’ Health Study shows that physicians counseling and screening practices with their patients is influenced by their own personal prevention habits. The study shows that physicians who consumed less fat in their diet were more likely to counsel or screen their patients for cholesterol. Physicians who drank less alcohol were also more likely to counsel patients on alcohol consumption. Nonsmokers were more likely to report that they counseled patients on smoking cessation. Similar findings were also found in a variety of prevention practices including flu vaccinations, breast-self examinations, sunscreen use, and hormone replacement therapy. Physicians who practice screening behaviors for specific illnesses are also more likely to promote those same screening practices to their patients. For

example, physicians who were recently tested for cholesterol levels were more likely to report screening their patients for cholesterol. This was also true for skin examinations and skin cancer prevention. This study demonstrates a strong correlation between a physician’s lifestyle and how they counsel their patients.

The Women Physicians’ Health Study also found that physicians who are trying to improve their personal behavior were more likely to discuss related habits with patients. Physicians who were trying to increase the amount they exercise were more likely to discuss exercise and ideal body weight with their patients. Similarly, physicians trying to change their personal eating habits were found to be more likely to discuss cholesterol or colon cancer with their patients. This shows that even attempting to improve one’s health can also be beneficial to counseling.

Literature also suggests that physician counseling can be more effective when physicians disclose their own healthy habits. In one study, participants watch a brief health education video on diet and exercise. Those participants who viewed the video in which a physician discloses information about her own healthy lifestyle practices and has a bike helmet and apple visible on her desk found the physician to be more believable and motivating to viewers than with the video where the physician did not disclose any personal habits. This study indicates that physicians who disclose their own healthy behavior to patients are more effective counselors and can better help to improve patient outcomes.

27 Frank, et. al. “Correlates of Physicians’ Prevention-Related Practices.”
29 Frank, et. al. “Physician Disclosure of Healthy Personal Behaviors Improves Credibility and Ability to Motivate.”
This kind of counseling is effective in influencing patients’ lifestyle behaviors. Studies such as these help illustrate the effect of physicians’ healthy behavior and physicians’ perceived behavior on their patients. Healthy physicians are more likely to counsel their patients on the specific healthy practices they perform themselves. The information given to patients can be even more influential when physicians include information about their own healthy lifestyle. Therefore, physicians with healthy behaviors are more likely to help their patients adopt healthy practices as well.

Permissibility of Lying and Deception of Healthy Behaviors

Because we are looking at the consequentialist framework in this chapter, we are concerned only with the consequences of an act and whether this act results in an increase in total utility. The means by which health, and therefore utility, is achieved is not as important as the end result when considering the morality of an action under this framework.

An unhealthy physician could lie to his patients about his individual health behaviors to obtain potentially the same consequences as a healthy physician. The unhealthy physician could lie to them about the amount of time he exercises, about what foods he eats, or about whether he has quit smoking in order to mislead his patients into believing he practices healthy habits. The physician could go so far as to place a bike helmet and apple noticeably on their desk as the Frank et. al. study on physician disclosure suggests. Theoretically, this physician should still be able to motivate patients to reach the same consequences as a physician who actually practices a healthy lifestyle—as long as the unhealthy physician’s patients did not detect the lies. If the physician were able to lie effectively to the patient about his personal health habits and he was not noticeably unhealthy, it would appear this situation would result in the same maximization of
good as when the physician actually practices and discloses healthy behavior. Both situations could then be considered morally equal.

If unhealthy physicians lied about their health practices, it would result in a small loss in utility from their lack of health compared to the many patients they could influence. Physicians have a very busy schedule and may not feel they have the time to exercise, eat healthy and practice other preventative measures even though this is the advice they recommend for their patients. Generally speaking, the physicians’ unhealthy behavior could be justified if it resulted in greater increase in utility from their patients practicing healthy behaviors that would outweigh the sacrifice from the physician’s poor health habits. Therefore, it seems that physicians may not have an obligation to practice healthy behaviors but rather an obligation to appear to practice these behaviors.

We must also consider whether there are any indirect effects if a physician lies. Both an honest, healthy physician and a dishonest, unhealthy physician could lead to the same consequence in patients’ health. But there are also other, potentially bad consequences associated with lying. In Utilitarianism, Mill addresses how lying may appear expedient but actually results in a greater harm to society. Mill states,

Thus, it would often be expedient, for the purpose of getting over some momentary embarrassment, or attaining some object immediately useful to ourselves or others, to tell a lie. But inasmuch as the cultivation in ourselves of a sensitive feeling on the subject of veracity, is one of the most useful, and the enfeeblement of that feeling one of the most hurtful, things to which our conduct can be instrumental; and inasmuch as any, even unintentional, deviation from the truth, does that much towards weakening the trustworthiness of human assertion,
which is not only the principal support of all present social well-being, but the insufficiency of which does more than any one thing that can be named to keep back the civilization, virtue, everything on which human happiness on the largest scale depends; we feel that the violation, for a present advantage, of a rule of such transcendent expediency, is not expedient, and that he who, for the sake of a convenience to himself or to some other individual, does what depends on him to deprive mankind of the good, and inflict upon them the evil, involved in the greater or less reliance which they can place in each other's word, acts the part of one of their worst enemies. 30

According to Mill, lying is generally morally wrong because it contributes to a lying disposition and also weakens trust in society. These indirect consequences of lying, whether or not the lie is discovered, are damaging to society and make lying morally wrong. Trust is critical to achieving overall happiness and violations of this trust will result in harm and overall disutility in society. Therefore, physicians' lies about their health could not be justified to bring about a near consequence under Mill's consequentialist model because it weakens trust, disposition, and future happiness between patients and physicians.

Mill does mention that it is permissible to lie in emergency or paternalistic situations. For example, if a patient is about to die and telling the patient about their fate would only cause them added stress and the possibility of sooner death; it is permissible for physicians to lie to their patients to avoid these negative consequences. The negative consequence from the physician lying is a significantly smaller, negative consequence than the stress and possible death of the patient that would result if the physician did not lie about the patient's fate. Thus, Mill would

allow physicians to lie under some circumstances. However, a physician lying about her own health in order to increase the health of the patient would not be considered an emergency or paternalistic situation. Therefore, even though physicians may be able to lie to their patients in some situations, this is not one of those situations.

If a physician was visibly unhealthy or the physician was a bad liar, his lies could be discovered by his patients. The physician’s credibility would then be undermined leading to potentially disastrous consequences. The individual would lose trust in the physician and the health care profession. These negative consequences from the loss of trust in the physician could far surpass the benefit towards utility from the increase in patients’ health. Therefore, physicians’ actions ultimately would not be justified under the utilitarian framework if they were to lie to patients in order to motivate them to adopt healthier behaviors.

**Conclusion**

Based on the writings of John Stuart Mill and utilitarian philosophy, it appears physicians have an obligation to practice healthy behaviors in order to maximize total utility in society. Physicians can be viewed as public benefactors and role models for their patients in health care. Because of their power and influence in society, physicians have responsibilities not to partake in actions, including unhealthy behaviors, which would be harmful if generally applied by the rest of society. They also cannot lie about their health in order to achieve the same improvements in patients’ health because lying would result in a greater harm to society. Therefore, physicians have an obligation to practice healthy behaviors so they can influence their patients to improve their health habits and ultimately maximize total utility in society.
Chapter 2

Social and Moral Duties of Physicians

In the previous chapter, we looked at the good consequences that resulted from physicians practicing healthy habits. We saw that when physicians counseled and educated their patients on health topics, they were more credible and effective when they practiced and disclosed their personal healthy lifestyles. In this chapter, I propose that we look at the specific duties physicians have resulting from the nature of their profession.

An obligation, by definition, implies “constraining oneself by oath, promise, or contract to a particular course of action; a mutually binding agreement.” Someone with an obligation to perform a specific action is bound to carry out that action. Obligations can arise from various sources. Laws and contracts can provide legal obligations that people must adhere to or face some sort of legal or monetary punishment. Similarly, making a promise also gives promising agents an obligation to follow through with what they have said they will do.

There are still other types of obligations that are present throughout a culture that are not necessarily stated. A society or group of people can develop social norms and standards of behavior for its members. Individuals in the group may have an unstated or even unconscious obligation to act according to these cultural norms in order to fit in with the group and their specific standards.

The medical community can be considered a type of group or society with its own norms and standards of behavior. This includes norms for how physicians should act. Analyzing these standards may show us whether the medical community has any cultural norms or references to


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an obligation for physicians to have a healthy lifestyle. Many physicians are members of medical societies such as the American College of Physicians, the American College of Surgeons and the American Medical Association. Organizations such as these have writings and publications that are intended to represent the members of the society. These writings usually include a code of ethics that "establish uniform standards of professional education, training and conduct." Being a member of these organizations entails following their standards and ethical codes of conduct which often include topics such as competence, patient confidentiality, conflicts of interest, patient physician relationships, policy issues and much more. One would think these codes of standards would discuss the health of physicians; however, I have been unable to document any contemporary statement by a professional organization or society that advocates for the health of physicians.

The American Medical Association (AMA)'s *Code of Medical Ethics*, comes closest to providing an obligation for physicians to practice healthy behaviors. Opinion 9.0305 states that "physicians have a responsibility to maintain their health and wellness, construed broadly as preventing or treating acute or chronic diseases, including mental illness, disabilities, and occupational stress." While this Opinion addresses physicians' health, it does little to contribute to the overall health of the physician. The Opinion is really intended only to ensure that the health of the physician is not so bad as to "impair" their ability to safely conduct their duties to their patients. It does little to promote physicians' health or provide them with an obligation to practice healthy behaviors. It is written in the negative and only implies not to be so unhealthy as

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to negatively affect physicians' abilities and ultimately their patients' health. Thus, it appears that written codes of ethics and standards of behavior for the members of medical societies today do not provide much guidance in determining whether or not there is an obligation for physicians to have a healthy lifestyle themselves.

In this chapter I will continue to examine whether physicians have a moral obligation or duty to practice healthy behaviors. I will look into historical texts to see if there are any specifically stated obligations involving physician's health in a code of conduct or any written contracts that they have promised to follow. There may also be an obligation to practice healthy behaviors that is placed on them by society and social standards. I will examine medical texts, duties arising from cultural norms, duties stated by contracts, and the work of philosopher Immanuel Kant in order to determine if physicians' duties result in a moral obligation for physicians to practice healthy behaviors.

A Brief History on the Standards of Physicians

Physicians have been writing about the standards for the character and conduct of people in their profession as far back as 400 BC with the Hippocratic Oath. The Hippocratic Oath is one of the most admired works on medical ethics and describes a specific code of ethics for physicians. It takes a stance on the proper behavior of a physician in a wide range of issues in both the public and private spheres of ancient Greece. The Oath describes the relationships and financial arrangements between a student physician and his mentor and also a promise to teach his mentor's son the practice of medicine if he wishes to learn it. The document also discusses deadly drugs, abortion, consent and truth-telling, errors, exploitation of patients, discretion in

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speech, and integrity. However, this ancient text fails to mention anything relating specifically to the health of a physician.

The Hippocratic Oath shows evidence of customary obligations and practice of physicians in ancient times; however, the modern field of medical ethics is a fairly new discipline. The first, significant, English literature on the topic was not published until the turn of the nineteenth century. John Gregory was a physician and philosopher who lectured on the art of medicine and the qualities of a physician at the University of Edinburgh. His talks on the subject were published in *Observations on the Duties and Offices of a Physician* and *Lectures on the Duties and Qualifications of a Physician* in the early 1770s. Thomas Percival is another physician and philosopher who also contributed to the beginnings of modern medical ethics and published *Code of Medical Ethics* in 1803. In the introduction, Percival explains that he is writing this book for his son and hopes to pass down his knowledge about the medical profession. Gregory and Percival were mentors who tried to provide guidance and knowledge from their own observations and experiences of the profession to the younger physicians. Their written works illustrate the beginning of the field of medical ethics and a standardization of medical policy and procedures.

Both Gregory and Percival focus on the character of a physician and the proper relationships and courses of actions under a variety of potential circumstances. They discuss the intelligence and demeanor that characterize a physician and also describe appropriate relationships physicians should have with their patients and colleagues. These texts also address appropriate behaviors under special circumstances, such as a physician’s obligations to mentally

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36 Miles, Steven H. *The Hippocratic Oath and the Ethics of Medicine.*
incompetent patients and responsibilities to the patient and their family at the end of life. The writers also clearly lay out customary procedures for consultations with other physicians and how to appropriately address problematic issues that may arise between physicians. These texts are invaluable because they provide the modern, Western, medical community guidance and a common understanding for how to practice the art of medicine. These texts have greatly influenced our current views and practices and also shaped the current codes of ethics for many medical organizations and societies. However, while Gregory and Percival cover a wide variety of topics in their work, neither explicitly mentions a duty or responsibility of a physician to have a healthy lifestyle. Thus, historical documents may not be helpful in determining if there is a moral obligation for physicians to practice healthy behaviors. Perhaps we can turn to other features of their writing to see if we can make any connections that will provide us with further insight.

The Influence of Culture on the Perceptions of Physicians

Gregory discusses the physical appearance and appropriate attire for physicians in Observations on the Duties and Offices of a Physician. Because the manner of dress is a facet of one’s physical appearance and presentation to society, his comments may be relevant and used to further the discussion on a physician’s physical appearance of health. He states,

This is an obligation, however, which common sense and prudence make it necessary he should regard. If the customs or prejudices of any country affix the idea of sense, knowledge, or dignity to any load of artificial hair worn on the head, to a gold-headed cane dangling at the wrist, to a full-trimmed coat, and a sword, it is unquestionably a physicians business, from the common principles of self-preservation, to equip himself
accordingly. But in a country where a physician’s capacity is not measured by such standards, and where he may dress like other people, without sinking in their estimation, I think he is at full liberty to avail himself of this indulgence, if he so chooses, without being considered as deviating from the propriety and decency of his profession. ³⁹

While this does not directly relate to the concept of a physician’s health, Gregory is making the point that a physician’s appearance is important in how they are perceived by their culture. Thus, according to Gregory, it appears that cultural norms recommend physicians look a certain way because it impacts their perceived “capacity” and places on them a responsibility to dress in a particular manner depending on the customs of that culture.

But before we can determine whether or not a culture can provide physicians with an obligation to dress or look a particular way, we should first examine how a culture develops and social norms are created. Throughout history, societies have developed into distinct cultures with their own set of values and practices. Each culture has thus developed its own social and moral values and norms that frame their actions and beliefs. Edgar H. Shein defines the culture of a group in *Defining Organizational Culture* as

> A pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems. ⁴⁰

Culture can then be thought of as a collection of shared assumptions and practices that are taught and passed down through a group.

Literature also shows that cultures can develop expectations for how its leaders should act based on the cultural norms of the society. Martin M. Chemers states that “culture, through the process of socialization, helps to shape the needs, values, and personality of leaders and followers…. Further, cultural norms create expectations and judgments about the appropriate behavior of leaders and their group members. The cultural expectations of the society’s members then influence the patterns of leadership exhibited.” Our own culture may then create expectations for how physicians should act as leaders in the medical field. These expectations we have of physicians may even extend to the standards for how a physician should dress as Gregory suggests.

Physicians today do not typically wear wigs or canes as they may have done in Gregory’s time, but we have developed our own standard for physicians’ distinct dress. This usually entails wearing a suit with a white coat and a visible stethoscope. These norms were illustrated in a study conducted by McKinstry and Wang which showed that patients favor physicians with a more formal approach to dress. Participants were shown pictures of physicians in different levels of work attire and it was found that patients prefer the picture in which the male doctor was wearing a formal suit and tie and the female doctor was wearing a white coat. A more surprising aspect of the study found that 28% of patients would be unhappy about consulting one of doctors shown in the pictures. When asked which physician they would be unhappy consulting with, it was usually the ones who were informally dressed. Although there are more important attributes for a general practitioner than the way he or she dresses, a majority of

43 McKinstry, B. and Wang, JX “Putting on the style: what patients think of the way their doctor dresses.”
patients (64%) thought that the way their doctor dressed was very important or quite important. Forty-one percent of the patients also said they would have more confidence in the ability of one of the doctors based on their appearance. This study illustrates that patients' perception of physicians is greatly affected by physicians’ appearance and how well they meet the standards of dress for physicians created by society.

The findings from the McKinstry and Wang study were confirmed by another study on the effects of physicians’ attire on trust and confidence conducted by Rehman, Nietert, Cope, and Kilpatrick. This study found that patients’ trust and confidence was significantly associated with their preference for professional dress. Respondents also reported that they were significantly more willing to share their social, sexual, and psychological problems with the physician who is professionally dressed. Again, this study also shows physician’s physical appearance affects patient’s perception of their physician. Both of these studies help to illustrate our culture’s norms and perceptions on how a physician should look. Because wearing a white coat and formal attire may favorably influence the perception of physicians by patients, Gregory would likely believe that physicians have an obligation to dress in this way.

When a physician’s health can be considered part of their obvious, physical characteristic, such as their weight, it can have the same effects on an observer’s perception of a physician as their clothes. A study by Hash, Munna, Vogel, and Bason showed that patients seeking care from nonobese physicians indicated greater confidence in general health counseling and treatment of illness than patients seeing obese physicians. It then appears that our culture...

44 McKinstry, B. and Wang, JX “Putting on the style: what patients think of the way their doctor dresses.”
has also developed attitudes and perceptions towards obese physicians. A physician’s weight may then have a similar influence on patients’ view of the physician’s competency as the white coat or other physical artifacts have. If a physicians’ apparent health can influence a patient’s perception of the physician in the same way that Gregory suggests it can with clothing, then the same obligations could also be applied to a physician’s health. This would indicate that a physician would also need to have a physical appearance of health so his capacity as a physician is not lowered in the minds of his patients.

These studies help to support some of the current theories about followers’ perceptions of leaders and how they determine whom they should follow. Implicit Leadership Theories suggests that followers unconsciously compare leaders to a leader prototype in order to form perceptions of leadership. Research also shows that judgment of the leader and the power given to the leader are determined by how closely the leader’s actual characteristics match with the characteristics included in the leader prototype. Implicit Leadership Theories would then suggest that patients unconsciously evaluate their physician and determine his or her ability to lead in the medical setting based on the physician’s ability to match the patient’s learned norms and previous experiences with physicians. Patients may observe aspects of the physician’s physical appearance such as wearing a white coat, smelling of cigarette smoke, or carrying a few extra pounds and compare these characteristics to the norms and standards they unconsciously have. The studies show that most patients have determined that wearing a white coat, formal dress, and not being obese signals that someone fits the prototype of a trusted leader in medicine.

In order for physicians to fulfill the expectations of leaders in medicine they should try to

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maintain an appearance that fits within these norms. This would give physicians an expectation to appear healthy so they could fit into the standards of implicit leadership in our society and patients would feel confident in the physicians’ capacity as a medical professional.

**Type of Obligation Created by Society**

We have just established that physicians have an expectation to follow a culture’s prescribed manner of dress in order to become established as a trusted and qualified leader within that society. But in order to answer the question, “Do physicians have a moral obligation to practice healthy behaviors?” we must determine if an obligation created by society has moral value. We shall now examine whether the cultural norms, which reflect the obligation, are grounded in morality.

Some values and traditions in a society are randomly determined based on the history and influences of the society. Anthropologist, Ruth Benedict, describes in *Anthropology of the Abnormal* that the process in which a society determines what is considered normal is random and depends on a variety of influences within the culture. She explains:

No one civilization can possibly utilize in its mores the whole potential range of human behavior. Just as there are great numbers of possible phonetic articulations, and the possibility of language depends on a selection and standardization of a few of these in order that speech communication may be possible at all, so the possibility of organized behavior of every sort, from the fashions of local dress and houses to the dicta of a people’s ethics and religion, depends upon a similar selection among the possible behavior traits…. It is a process which goes on in the group for long periods of time and
is historically conditioned by innumerable accidents of isolation or of contact of peoples.⁴⁹

If the process in which a culture determines its norms and standards is somewhat random and irrational, it seems unreasonable that an arbitrary prototype for a leader in medicine can actually create a moral obligation for a physician to practice healthy behaviors. A white coat is just an arbitrary symbol for physicians. While it may have been functional to keep a physician’s clothes clean in the past, wearing a white coat does not make a physician smarter, more compassionate, or better able to diagnose and treat a patient. Weight is also a subjective measure of health and may not necessarily indicate that a physician practices a healthy lifestyle. Therefore, although we can find physicians to have an obligation to be following the standards of dress and health, it seems difficult to believe that these particular measures, which actually do little to reveal the competency or health of a physician, can provide a moral obligation for physicians to wear a white coat or display the appearance of health.

In fact, Benedict further argues “We recognize that morality differs in every society, and is a convenient term for socially approved habits. Mankind has always preferred to say, ‘It is a morally good,’ rather than ‘It is habitual,’…. The concept of normal is properly a variant of the concept of the good. It is that which society has approved.”⁵⁰ Norms and customs are developed by societies and our perception of morality is based on adhering to these cultural standards. Therefore, Benedict believes that if we are to consider the morality of people’s actions, we can never completely separate the action from the established norms created by the culture.⁵¹

⁵⁰ Benedict, Ruth. “Anthropology and the Abnormal” p. 239.
⁵¹ Benedict, Ruth. “Anthropology and the Abnormal” p. 239.
But before we completely disregard the moral value of an obligation created by society, we should also turn to the Theory of Cultural Relativism to help determine if a cultural obligation can have a moral component as well. The basis of this theory is that “different cultures have different moral codes,” and there is no way to evaluate cultures’ practices as “correct” or “incorrect” because there is no universal standard on which to judge them. 

Different cultures may permit some practices while others find them abhorred. James Rachels points out in *The Elements of Moral Philosophy* how different cultures have drastically different practices and rituals for their dead. For example, the ancient Greeks would cremate the bodies of their dead on a funeral pyre, while the Callatians, a tribe of Indians, would eat the bodies. Neither could understand the other culture’s bizarre practice. The Theory of Cultural Relativism would suggest that these death practices could not be compared and the study of both cultures should be neutral and independent of another culture so that the practices can be understood in its own context. However, Rachels notes that even though these practices were so different and seemingly incomprehensible to the other society, both practices were similar in the fact that they were representations of how that specific culture showed respect to their dead.

Rachels uses this example to illustrate that while cultures may appear very different at first glance, their different practices may actually represent values that are shared by both cultures. As we have seen, different cultures can adopt different practices depending on their environment and other outside influences; but these contrasting practices may ultimately show a common value or belief. This would create a moral obligation to act according to a universal value in the manner in which your specific society displays this value.

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Like the variations in showing respect for the dead throughout cultures, there are likely different manners of dress and appearance in other societies that portray the same qualities that instill trust and confidence in patients that the white coat and non-obesity in physicians suggest in our own culture. Rachels argues that while various practices may look different or seem unusual, they may be practiced for similar reasons and values. Therefore, I propose that the standards of dress and physical health for a physician, although they may vary throughout the world, are a sign of respect towards the medical profession and the patient-physician relationship. Smart, trusted physicians have traditionally worn white coats in the past and this symbol is currently used to show expertise in the medical field. By wearing these coats, I believe physicians in our culture are showing their respect for what the coat symbolizes and the profession it represents.

The specific clothing and artifacts worn to portray this image of a physician may vary depending on their culture, but I believe following the cultural norm signifies to patients and others that physicians respect the medical profession and their position as a leader in healthcare. Therefore, even though the norms regarding the physician’s appearance and lifestyle may be random and arbitrarily decided upon by a culture, the artifacts and clothing symbolize an important, universal value. While it is challenging to find a moral obligation in a randomly constructed custom, there is a moral component to following a universally shared value.

I believe a physician should be inclined to dress and engage in practices that promote confidence in their patients as determined by their culture. In our culture today, physicians have much less contact with their patients than ever before. Physicians need to distinguish themselves immediately as trusted and competent people in the area of health and medicine. Regardless of the limited interactions with patients, physicians must still establish trust and confidence in their
relationship with patients in order to provide appropriate care. This may be more easily done by
wearing particular clothes or having a certain physical appearance, depending on what norms the
culture has created for physicians. If a physician’s dress, weight, exercise or smoking habits can
influence the patient’s perception of the physician, physicians have a moral obligation to follow
the social standards regarding these issues out of respect for their profession and everything it
represents.

Therefore, physicians have a universal and ultimately moral obligation to show respect
for their profession in a way in which their society has determined this to be. In our culture this
appears to involve wearing a white coat and being non-obese to fit into the standards of a
physician leader. This provides physicians with a moral obligation to appear healthy so they can
demonstrate this respect to their patients and the community.

Kant and the Duties of Physicians

We can turn to the philosopher Immanuel Kant and deontological ethics in order to
examine further whether there is a moral obligation for physicians to practice healthy behaviors.
In contrast to consequentialist theory, deontological ethics evaluates the morality of an action
based on the action itself and not the consequences of the act. In this theory, a large emphasis is
placed on following reason. “Reason tells us that some actions simply ought not to be done, and
—in this way—it gives us our duties.”

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Kant does not explicitly suggest a physician has a moral obligation to practice healthy
behaviors in his writing; however, we may be able to apply some of his work to the role of a
physician. Kant mentions that “to preserve one’s life is a duty” and discusses how there is no real
moral worth from actions exhibiting healthy habits that would help to preserve one’s life because

we all have an inclination to do so.\textsuperscript{55} He also mentions that to "secure one’s own happiness is a duty," but only so we are not tempted "to transgress one’s duties."\textsuperscript{56} This argument may even support a physician practicing unhealthy behaviors if it makes them happy enough to fulfill their other duties. But regardless of whether these duties would support the notion of having a duty to practice healthy behaviors or not, they are too general and would give everyone in society a duty to practice healthy habits, not just physicians. Thus, while it may be good to preserve your life or to be happy, these duties do not specifically give physician’s an obligation to be healthy or happy because they are duties shared by everyone.

We must then look deeper into Kant’s writing to find a way to apply his theory of ethics to the duties and actions of physicians. Kant is aware that while we all have duties to ourselves and others, we also have inclinations that may conflict with these duties. Therefore, he believes we must appeal to reason in order to determine how we should act when faced with these conflicting inclinations. Kant believes that reason dictates that we should act only in ways in which it would be possible to universalize our action so everyone could also act in the same manner. Kant’s categorical imperative states “I should never act except in such a way that I can also will that my maxim should become universal law.”\textsuperscript{57}

Kant proposes that a rational being should apply the categorical imperative to his action to evaluate the morality of the act. For example, if someone willed that he lie in order to achieve some particular outcome, he should test if he could will his action to be universalized so that everyone acted as he did under the categorical imperative. However, in this situation he would not be able to imagine a world in which everyone could lie to achieve their own ends because

\textsuperscript{56} Kant, Immanuel. \textit{Grounding for the Metaphysics of Morals}. p. 12.
such a world could not exist. If everyone lied, no one would be able to trust anything another person said and no one could take what anyone said seriously. Because lying to obtain some end could not be generally applied to everyone in society, it is said to be a contradiction in conception.58 A contradiction in conception leads to a strict duty, in which a person has a duty never to practice that act under any circumstance. Kant lists that we have a strict duty not to commit suicide or break promises because we cannot imagine a world in which these practices are universalized.59

We can then look to see if physicians make a stated promise or contract to practice healthy behaviors. This would result in a strict duty to practice healthy behaviors. If they fail to fulfill their promise, their unhealthy behavior would go against the categorical imperative and result in a contradiction in conception. Earlier we discussed the medical societies’ codes of medical ethics, but found they did not provide much support for a stated promise by physicians to practice healthy behaviors. However, hospitals are beginning to encourage a healthier environment. Most hospitals enforce a nonsmoking policy on their campus. Since 1992 the Joint Commission on Accreditation of Healthcare Organizations requires that hospital campuses to be smoke free in order to receive accreditation.60 Becoming an accredited hospital is immensely important to be viewed as a trusted hospital in the community. Therefore, larger hospitals, who value this accreditation, will abide by this requirement and prohibit smoking on their premises. This means that everyone, including physicians, should not smoke on the hospital campus. Physicians may have a duty to follow the smoking norms established by the hospital and not smoke when they are at a hospital campus. But just because there is a posted “no smoking” sign, it does not necessarily mean physicians have promised they will not smoke on the campus or that

smoking is morally wrong. Therefore, the rules on smoking may imply a duty to follow the norms of the hospital, but falls short in providing a strong, moral obligation to practice healthy behaviors.

The Cleveland Clinic, however, has strengthened their norms against smoking and has tried to extend their smoke free policy for its employees beyond the borders of its grounds. The Cleveland Clinic is an accredited hospital and has had a smoke-free campus since July of 2005. It is an innovative and progressive hospital which aims to “be a model of good health and best wellness practices.” In order to better achieve this goal, the hospital requires all new employees to be non-smokers as of September 2007. Potential new employees must go through urine analysis testing which can detect cotinine, a metabolite of nicotine. If a potential employee fails the test, the applicant has ninety days to quit and must have two weeks of negative test results or the employment offer is withdrawn. The potential employees are aware of the Cleveland Clinic’s policy towards smoking during their application and essentially make an implicit promise that they do not smoke and will not smoke in the future. Their adherence to this promise is reaffirmed by the urine analysis. This creates a moral obligation for potential Cleveland Clinic employees not to smoke, because they have made a promise to the hospital that they do not smoke. If potential employees lied about their smoking behavior, it would go against the categorical imperative and their lie would be considered immoral.

However, the urine analysis is only a pre-employment test. An employee who already works at the Cleveland Clinic will not be tested. Thus, it appears current employees do not

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61 Cleveland Clinic. Web.
62 Cleveland Clinic. Web.
63 Cleveland Clinic. Web.
64 Cleveland Clinic. Web.
65 Cleveland Clinic. Web.
66 Cleveland Clinic. Web.
have the same moral obligation not to smoke, because they never made a promise to the hospital that they did not smoke. This case provides a moral obligation for new Cleveland Clinic employees not to smoke; but current employees may simply have a duty not to smoke on the campus.

**Kant and the Categorical Imperative**

Because these promises do not appear to provide a solid moral obligation for physicians to practice healthy behaviors, we can also look at other ways in which Kant believes contradictions in reason can occur. Kant also states that an action could be morally wrong if we could not will that an action be generally applied. We may be able to image a world in which an action could become generally applied, but we may not want such a world to exist. These contradictions in will result in broad duties to perform certain acts most of the time. For example, Kant mentions that we have a broad duty to develop our capacities and also to help others. Even though we can conceive of a world in which people do not act in these ways, we would not want these worlds to exist. We would not want a world in which people were always lazy and did not live up to their potential because a rational being would will that his faculties be developed so that they could be used to achieve his goals. A rational person also would not will a law in which people do not help others because at some point that person will need help from someone else. When he needed help, he would not be able to receive any because he had already willed that we do not help others. Thus he would not will this world to exist. These

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instances result in a contradiction in a rational being’s will and we therefore have a broad duty to engage in some level of development of our capacities and helping others.70

We can apply this idea of contradiction in will to determine if physicians have a moral obligation to practice healthy behaviors. For instance, a physician may want to practice unhealthy eating habits and indulge in a cheeseburger everyday without any variation or incorporation of nutritious foods. An unhealthy physician, like in this example, wills to practice unhealthy behavior. The physician could then evaluate his actions according to Kant’s categorical imperative and test if he could universalize his unhealthy actions. He could determine that a world in which everyone practices unhealthy behaviors could exist. People could eat or smoke whatever they wanted. They could take any number of drugs to affect their body. They could also exercise however little they wanted. There is no contradiction in conception of this world.

However, a physician’s main duty and responsibility is to promote the health of patients. Therefore, the physician must also will that her patients practice healthy behaviors. So while an unhealthy physician may be able to imagine a world in which everyone practiced unhealthy behaviors, the physician cannot will that this world exist because the physician must also have a will that her patients are healthy and practice healthy behaviors. Thus the physician’s unhealthy behavior results in a contradiction in will. The physician could not generalize her unhealthy behavior to others because she would not will that her unhealthy actions be allowed by her patients. Therefore, the physician who practices unhealthy behavior is not appropriately judging her actions according to Kant’s categorical imperative.

Essentially, a physician who desires and advises his patients to eat healthy and promotes these healthy behaviors, but disregards his own advice or requirements is acting hypocritically.

Allen Wood, discusses hypocrisy and applies it to Kant’s theory of ethics. He notes that “hypocrisy” literally means “deficiency in judgment” and that this notion of the word “might be regarded as the failure to pronounce conscientious judgment on one’s actions when one ought to, while cherish in the illusion that one has properly judged them.” Under this meaning of the word proposed by Wood, people who act hypocritically are deceiving themselves into believing they have judged their action under the categorical imperative, when in fact, they have not. Wood also notes that Kant is aware that these errors in judgment take place frequently and further condemns these people because they cannot be trusted in a society of rational beings. Kant writes,

There are tendencies in the souls of many to make no rigorous judgment of themselves—an urge to dispense with conscience. If this lack of conscientiousness is already, in fact, present we never get that person to deal honestly with himself. We find in such people that they are averse to any close examination of their actions and shy away from it, endeavoring, on the contrary, to discover subjective grounds on which to find a thing right or wrong.

This self-deceptive behavior in which someone believes he has acted contentiously when he actually has not, threatens Kant’s ideals for a society of rational beings. Our most fundamental duty involves evaluating the categorical imperative which requires the ability to pass judgment on oneself. Without being able to fulfill this duty of self judgment of one’s actions, Wood proposes that we cannot “honestly represent ourselves either to others or to ourselves as having fulfilled any of our duties…. Such a being could also not rationally judge its

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actions good, and this means it could not be considered a moral being at all." Thus Wood finally proposes that “truthfulness—with others, but even more with oneself—is a fundamental ethical duty in Kantian ethics.” Thus, physicians, along with all other rational beings, must be able to closely evaluate their actions in order to be able to apply to reason and the categorical imperative to test their actions as part of their duty.

As Kant and Wood suggest this self deception which is characterized by believing we are acting according to reason and closely examining our actions when we really are not, is very problematic behavior for Kant’s ideal society of rational beings. Rational beings are required to judge their own actions in order to test the morality of their actions under the categorical imperative. If an unhealthy physician were to adequately evaluate his behavior, he would see that he is making an exception for himself by practicing unhealthy behaviors which reason and the categorical imperative do not allow you to do. Therefore, physicians who appropriately examine their behavior and apply the categorical imperative will determine that they have a moral duty to practice healthy behaviors because they must also will their patients practice healthy behaviors.

**Conclusion**

Because our society and culture has a general norm and perception towards a standard of health in the medical profession, physicians have a social obligation to meet these expectations. Their respect for their profession instills trust in the physician patient relationship and their competency as a leader in medicine. One of these expectations involves showing a value towards health and this appears to create an obligation for physicians to appear healthy, although this may not be a moral obligation. Kant’s views towards contractual obligations were then helpful in

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establishing an obligation for physicians to avoid some unhealthy practices. But this analysis did not appear to always provide a moral obligation to engage in healthy practices. However, examining Kant's categorical imperative and the idea of contradictions in will, we can find a moral obligation for physicians to practice healthy habits because they could not will their patients to be unhealthy and have an unhealthy lifestyle. Thus, physicians may have various obligations to be healthy depending on their culture and situation, but Kant also shows us that physicians have a broad, moral duty to engage in healthy actions.
Chapter 3

Physicians’ Virtues

In the previous two chapters, we approached the question of whether physicians have a moral obligation to practice healthy behaviors by looking at the consequences that result when physicians practice healthy behaviors and also at the various duties they may have based on their profession. In this chapter I propose that we look at the framework based on virtue ethics to analyze this question further. Ancient Greek philosophers, Plato and, particularly, Aristotle are often credited with developing this approach to ethics. However, it also has origins in Chinese philosophy, even before the ancient Greeks.75 This approach emphasizes the moral character of an agent, rather than the outcome of the agent’s actions or duties. For example, if someone were injured and needed help, the utilitarian may assist the person because her actions would maximize well being, and the deontologist may help because his actions were in accordance to the categorical imperative and universal law. The virtue ethicist, on the other hand, would act because the agent displays the virtues such as compassion or benevolence.76

We can then use virtue ethics as our final approach in determining if physicians have a moral obligation to practice a healthy lifestyle. In this chapter I will examine texts from Plato and Aristotle to analyze their views towards physicians and health. I will also look at objections and possible concerns that may arise when evaluating the morality of actions based on virtue ethics. Again, I will also draw on empirical studies and current practices to guide my discussion.

Plato and Health

Plato is one of the most influential writers in the history of philosophy. He was an Athenian citizen and very interested in politics and how best to run the state. He focuses much of his attention on defining justice and discovering how justice relates to happiness of the soul. When trying to determine what type of good justice is, Plato uses examples of health and medicine to characterize different levels of good. He writes that the first type of good that we want is for its own sake and we do not look at its consequences. He describes enjoyment of pleasure to be this type of good. Plato then says that “wisdom and sight and health” are another kind of good which “we desire, both for itself and its consequences.” He finally states that “there is a third category of good, which includes exercise and medical treatment and earning one’s living as a doctor or otherwise. All these we should regard as painful but beneficial; we should not choose them for their own sakes but for the wages and other benefits we get from them.” This illustrates that Plato defines health and behaviors that lead to health to be types of good—although they are not the highest form of good which is reserved for justice.

But in The Republic, Plato makes a statement that physicians don’t need to have a healthy body to be a good physician. He explains that doctors require an abundance of knowledge and experience in treating both healthy and sick patients to be good at their profession, but their own health is irrelevant.

The best way for a doctor to acquire skill is to have, in addition to his knowledge of medical science, as wide and as early an acquaintance as possible with serious illness; in addition he should have experienced all kinds of disease in his own person and not be of

79 Plato. The Republic. p 41.
80 Plato. The Republic. p 41.
an altogether healthy constitution. For doctors don't use their bodies to cure other people's bodies—if so, they could not allow their health to be or become bad—they use their minds; and if their mental powers are or become bad their treatment can't be good.\textsuperscript{81}

Plato argues that physicians require only a strong medical knowledge and experience with illness to be a good physician. Physicians' ability to function and perform their duties is not affected by their physical characteristics. Therefore, Plato concludes that physicians do not need to be healthy, and perhaps should be relatively unhealthy, in order to increase their knowledge about the diseases affecting their patients. The physicians' ability to treat and heal their patients rests solely on their mental capacities. As long as their mind and mental powers are adequate, physicians' performance should not be impaired, regardless of their own physical health. This appears to contradict Plato's ideas about health and healthy behaviors being a kind of good, because he is now saying that physicians should not be healthy based on the requirements of their profession.

Plato likely comes to this apparent contradiction and conclusion when discussing physicians because of his view towards the physical world. His theory of the Forms creates a distinction between two levels of reality.\textsuperscript{82} There is the physical world that we live in and observe with our physical senses; but there is also an enlightened world of the Forms which reflects onto our own reality. The world of the Forms exists outside time and space and holds the Forms, ideas such as Beauty, Justice, and Courage. The Forms are unchangeable in this world; whereas the objects with these characteristics may change or become imperfect in the physical

\textsuperscript{81} Plato. \textit{The Republic}. p. 106-107.
\textsuperscript{82} "Plato." \textit{Stanford Encyclopedia of Philosophy}. 
world we live in. Thus Plato looks skeptically towards the physical world and turns to the unchanging Forms for true knowledge.

Plato’s Allegory of the Cave illustrates the enlightenment of people to his theory of the Forms in which people become aware that what they had believed to be real is actually imperfect reflections of the Forms. In this story prisoners are kept in a cave and not allowed to turn their heads. They watch and experience shadows created by puppeteers on the wall and mistakenly believe these images to be reality. Only after the prisoner is released from the cave is he able to witness how the shadows are actually produced. This enlightens the prisoner, and he is able to understand the deception in his previous reality. He finally becomes aware of the truth and the Theory of the Forms. Only by knowing the truth of the Forms, will we be able to experience true wisdom and happiness. Plato emphasizes the superiority of this knowledge to the life of the prisoners in the cave by saying that upon realization the prisoner “would prefer anything to a life like [the other prisoners].” This illustrates that the hardship undergone to discover this true knowledge is well worth it. The knowledge of truth is far superior to living in the comforts of ignorance in the cave, aware of only the physical world.

Plato also believes that the soul is different from the physical body and does not depend on the body to function. He even thinks the soul can understand the Forms more easily when it is not attached to the physical senses. Because Plato makes the distinction between the physical body and the soul that can understand truth, it seems to follow that he would believe physicians can perform their function well as long as their mind is good. The health of the body is not as

important for physicians, according to Plato, since he believes the physical body can be separated from the soul and the knowledge of truth.

From this interpretation, it appears Plato does not believe physicians have an obligation to be healthy. His statement on acquiring a large knowledge of illness may even give physicians an obligation to be unhealthy because they can learn from having observed and experienced illnesses themselves. But perhaps we should examine virtue ethics further and analyze Aristotle’s views towards health.

Aristotle and Health

Aristotle is Plato’s most famous student; however, he disagrees with Plato’s philosophical approach and his Theory of the Forms. In contrast, Aristotle believes that the world could be understood by observing and cataloging occurrences. He takes a much more empirical approach to his studies and puts a strong emphasis on observing and learning from examples in the physical world.88 Whereas Plato argues that specific occurrences of Beauty or Justice exist only because they are part of the universal Form of Beauty or Justice, Aristotle thinks that the universal concepts of Beauty and Justice come from observing instances of beauty and justice in our physical world.89 Aristotle approaches universal ideas differently than Plato and places much more importance on the details of the physical world. For example, when Aristotle tries to determine what is “the good” he looks to many different areas for guidance.

It seems different in different actions and arts; it is different in medicine, in strategy, and in the other arts likewise. What then is the good of each? Surely that for whose sake everything else is done. In medicine this is health, in strategy victory, in architecture a

house, in any other sphere something else in every action and pursuit the end; for it is for the sake of this that all men do whatever else they do. Therefore, if there is an end for all that we do, this will be the good achievable by action, and if there are more than one, these will be the goods achievable by action.90

Again, we also see that Aristotle believes that “the good” and the aim of medicine is health.

Aristotle finally comes to the conclusion that the greatest good for all humans is eudaimonia, which is often translated as “happiness” or “flourishing”91 or simply “living well.”92 According to Aristotle, eudaimonia is the highest end and is desirable in and of itself.93 Aristotle goes on to “define the happy man as ‘one who is active in accordance with complete virtue and who is adequately furnished with external goods, and that not for some unspecified period but throughout a complete life.’”94 Therefore the happy man is not only virtuous, but must also possess external goods, such as wealth, honor, and having friends. The external goods are not happiness, but are necessary because they help to promote well-being.

It is interesting to point out that Aristotle also considers health an external good. In The Nicomachean Ethics, Aristotle determines that happiness is a form of contemplation, but he goes on to note that happiness requires more than just this good. He writes, “But its possessor, being only human, will also need external felicity, because human nature is not self-sufficient for the purpose of contemplation; the body too must be healthy, and food and other amenities must be available.”95 Aristotle argues that external goods, such as health, are also necessary in order for humans to be able to achieve eudaimonia. But he also mentions that only a satisfactory amount

of external goods are required for happiness and "it must not be supposed that, because one cannot be happy without external goods, it will be necessary to have many of them on a grand scale in order to be happy at all." Therefore, we can conclude that people need to be somewhat healthy in order for us to be able to experience this ultimate goal of happiness and living well.

But external goods are not sufficient for _eudaimonia_. The earlier quote states that these external goods must be in addition to living "in accordance with complete virtue" for someone to be happy. Since we have established that health is a necessary external good to be happy, we can look at how we can live virtuously. First, we must understand what Aristotle means by virtue.

The idea of performing a function well is closely associated with virtue. When something functions well it displays virtue. For example, the function of a knife is to cut. Therefore, it follows that the virtue of a knife is to cut well. So if a person performs their function well, they will have virtue and ultimately _eudaimonia_. If the function of physicians is to promote health and cure illness in their patients, a virtuous physician would be one who did this well.

**Habituation and the Necessity of Role Models**

Aristotle also argues that we acquire virtue of character from learned habits. Only through habituation and repetition of virtuous actions can people become virtuous. But there are different ways to act, both good and bad, and these variations in performing actions can result in drastically different types of character. Aristotle writes in _The Nicomachean Ethics_ that

Further, the sources and means that develop each virtue also ruin it, just as they do in a craft. For playing the harp makes both good and bad harpists, and it is analogous in the

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case of builders and all the rest; for building well makes good builders, and building badly makes bad ones. Otherwise no teacher would be needed, but everyone would be born a good or a bad craftsman.\textsuperscript{99}

Just as there are different ways of playing the harp or building buildings, we can also conclude that different ways of living can also develop differences in health. For example, eating the nutritious foods, exercising, sleeping, etc. will more likely result in good health. Whereas behaviors like smoking and inactivity will likely produce poor health. Our lifestyle behaviors towards health are something we develop over time through learning and observing how others act. Thus we need teachers or role models to guide our behavior so we perform good, healthy actions that will lead to good health, rather than bad actions that will lead to bad health.

Parents greatly influence their children’s actions and help to form our habits. We observe their actions and use them as guides for our own behavior. Literature shows that health and diet are generally learned at home. The California Health Interview Survey shows that children tend to eat what their parents eat.\textsuperscript{100} Researchers found that children are more likely to eat at least five servings of fruits and vegetables a day if their parents also eat these servings of fruits and vegetables. They also found that if children’s parents eat fast food or drink soda, their children are more likely to as well.\textsuperscript{101} This raises cause for concern, because if children do not have parents who are good role models that practice healthy lifestyle behaviors, the children are more likely to emulate the unhealthy behaviors they are exposed to.

As we have seen, children of unhealthy parents are likely to learn unhealthy habits from them. Thus, physicians or other health figures may also need to serve as role models for both

\textsuperscript{101} "Parents Blamed for Childhood Obesity." \textit{LiveScience}.
children and adults to learn the appropriate ways to practice healthy habits. If physicians were to act as role models of virtuous behavior, they must also perform healthy actions as a virtuous person would do.

Many physicians are aware of their influence on their patients and society. Dr. Anthony DeMaria, Editor-in-Chief of the *Journal of the American College of Cardiology*, writes in an editorial column about his own experiences of being a cardiologist and a role model. He notes that he is consciously aware of others observing and following what he puts on his own plate to eat at dinner parties. He writes,

> Given our position in society, it is both appropriate and inevitable that our friends and patients will observe our actions and emulate them. Merely being present may itself be enough for us to serve as a conscience and influence behavior to optimize cardiovascular health. In my view, however, our function as role model should primarily be by example; I believe that the importance of specific behavior will speak louder than verbal statement. ¹⁰²

Dr. DeMaria is aware that others observe his eating habits and will emulate them. Physicians can be considered experts in the field of medicine and health and therefore their patients and society are likely to look to them for how they should act.

**The Mean between Extremes as a Guide to Virtue**

But if physicians are to be thought of as role models to habituate patients and other observers on how to act healthy, we also need to consider what sort of actions they should display. Dr. DeMaria describes how some fellow cardiologists inform others that they practice a

vegan diet and will not eat meat, or how others boast about running so many miles a day for their cardiac health. On the other hand, he admits that he is not perfect and will eat unhealthy foods on occasion. Does virtue ethics require this sort of perfection in physicians, or can they deviate from their diets and exercise and indulge in some unhealthy pleasures?

Aristotle clarifies that in order for actions expressing virtue to be done well, it is important that not only the action be in the right state, but more importantly, the agent must also be in the right state as well. He explains this to mean that the agent “must know [that he is doing virtuous actions]; second, he must decide on them, and decide on them for themselves; and, third, he must also do them from a firm and unchanging state.” Therefore, it is not only the action that is important when considering virtue, the agent must also perform the action in the manner a virtuous person would act. Not only can physicians simply practice healthy habits, but they should also know that these actions are good and consistently practice them. Because a virtue must be practiced with a “firm and unchanging state,” this may imply that physicians have a moral obligation not to practice any unhealthy behavior, because physicians know those actions are not good and they are not being consistent in their practice of healthy behavior.

But when Aristotle addresses how people should be habituated and practice virtue, he also argues that the right sort of habituation must avoid excess and deficiency. Aristotle believes that the mean between excess and deficiency can serve as a proper guidance for our actions to demonstrate proper virtue. When discussing virtues of character, he explains that being “rash” is an excess of confidence, whereas “cowardly” is a deficiency in confidence. The

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103 DeMaria, Anthony. “The Cardiologist as a Role Model.”
mean between these two extremes, and thus the appropriate character, is “bravery.”\textsuperscript{107} The proper behavior lies within the mean of the extreme forms of behavior.

Aristotle also discusses how we should act within the mean of pleasures as well. He writes,

The temperate man holds a mean position with regard to pleasures. He enjoys neither the things that the licentious man enjoys most (he positively objects to them) nor wrong pleasures in general, nor does he enjoy any pleasure violently; he is not distressed by the absence of pleasures, nor does he desire them—or if he does, he desires them moderately, and not more than is right or at the wrong time or in general with any other such qualifications. But such pleasures as conduce to health and bodily fitness he will try to secure in moderation and in the right way; and also all other pleasures that are not incompatible with these, or dishonorable or beyond his means. For the man who disregards these limitations sets too high a value on such pleasures; but the temperate man is not like that: he appreciates them as the right principle directs.\textsuperscript{108}

Thus, perhaps we can enjoy the pleasures that may be overly healthy or overly unhealthy when done in excess, if we practice them in moderation. We should not be consistently preoccupied with pleasures of the body, but they can be enjoyed in moderation.

Aristotle further discusses the mean in the field of health and physical activity. He argues that “both excessive and deficient exercises ruin strength: and likewise, too much or too little eating or drinking ruins health, while the proportionate amount produces, increases and preserves it.”\textsuperscript{109} Thus, health is a mean between excessively healthy and excessively unhealthy behaviors.

\textsuperscript{108} Aristotle. \textit{The Nicomachean Ethics}. Penguin. p. 79.
We can conclude that the mean would allow us to occasionally eat a few cookies, but we perhaps shouldn’t finish the whole box. But there is also the other extreme of over practicing recommended behaviors. It may be good to exercise for thirty minutes a day, but running a marathon every week is sure to wear out the body. Over doing the recommended behaviors can be damaging to the body as well as not following the guidelines at all. The virtuous person could not practice only unhealthy habits, but perhaps worrying about our health too much is also another extreme. Therefore, a healthy lifestyle also lies in the mean of these excessive behaviors and physicians should model this mean.

DeMaria seems to agree with this notion of acting in the mean and argues that “just as moderation in all things serves as an excellent guide for lifestyle choices, so it does for serving as a role model.” He reveals in his article that during the holiday season he allows himself to set an example and enjoy delicious, yet unhealthy, foods. This demonstrates to his observers that one does not need to always practice the healthiest behaviors and we can enjoy foods and other unhealthy pleasures in moderation. After all, virtue theory is concerned with the character of the person and not the action itself. Therefore, under this framework, it is more important that the physician be considered to have a healthy character, rather than focus on rare “unhealthy” occurrences.

The mean for health, and thus the appropriate behavior for physicians, appears to be a middle ground between practicing only healthy or only unhealthy behaviors. Virtue ethics can then be seen to suggest physicians, as role models, have a moral obligation to have a healthy character and live within the mean of health. They may need to be role models for their patients and demonstrate appropriate behavior so their patients will become habituated in the appropriate

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110 DeMaria, Anthony. “The Cardiologist as a Role Model.”
111 DeMaria, Anthony. “The Cardiologist as a Role Model.”
way. Therefore, physicians have a moral obligation to act towards the mean of health based on virtue ethics.

Situational Effects on Virtues

As we have seen, virtue ethics is based on the character and the consistent behaviors of the agent acting in the mean between extremes. However, there is some literature that questions whether people can be virtuous under different situations. Studies suggest that the situation and circumstances we face may actually be more important than the character of the agent in determining how someone will act. This idea has been termed situationalism and is based on influential studies in social psychology which illustrate how a particular situation can cause average humans to display appalling behavior.\(^{112}\)

Stanley Milgram’s infamous experiment on obedience illustrates the influence situational pressures can have on someone’s behavior. The study shows that average people are willing to administer painful shocks to others when told to do so by an authority figure.\(^{113}\) Milgram explains that

Ordinary people, simply doing their jobs, and without any particular hostility on their part, can become agents in a terrible destructive process. Moreover, even when the destructive effects of their work become patently clear, and they are asked to carry out actions incompatible with fundamental standards of morality, relatively few people have the resources needed to resist authority.\(^{114}\)

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\(^{113}\) Milgram, Stanley. *Obedience to Authority: an Experimental View*.

These social psychology studies suggest that people do not always act based on their personal, moral character. Our behavior may actually be determined by the demands of the situation we are in.\textsuperscript{115}

This literature poses a great threat to the idea of virtue ethics and that virtuous people will consistently display virtuous actions. It suggests that people whom we believe to display a virtue may not actually be virtuous—they may only have been placed in situations which allow them to display that particular virtue. This presents a problem because the agent may not be considered virtuous because they did not perform their actions as a virtuous person would do.

However, the Milgram experiment is an extreme situation. People do not usually have to give high voltage electric shocks to others in their everyday lives. People may still be virtuous under the normal circumstances they face. Terry Price points out in \textit{Leadership Ethics: An Introduction} that we may diverge from our \textit{practiced} virtues when we are forced to confront an unusual situation which requires unpracticed efforts.\textsuperscript{116} But Price further goes on to suggest that even everyday situations can also lead to people to display morally problematic behavior. He points to the Darley and Batson’s “From Jerusalem to Jericho” study which tries to explain the parable of the Good Samaritan.\textsuperscript{117}

In the study by Darley and Batson, seminary students are asked to complete a task in one building and told to walk to another building where they will either prepare a talk on seminary jobs or on the story of the Good Samaritan. While walking, they came across a man slumped in an alleyway who represents a victim and someone in need of help. The study showed that the amount of “hurriedness” imposed on the participant is a significant factor in determining whether the participant stopped to help the victim. Sixty three percent of participants in the low hurry

\textsuperscript{115} Price, Terry L. \textit{Leadership Ethics: an Introduction}. p 106.
\textsuperscript{116} Price, Terry L. \textit{Leadership Ethics: an Introduction}. p 106.
\textsuperscript{117} Price, Terry L. \textit{Leadership Ethics: an Introduction}. p 106.
situation helped the “victim,” compared with 45% in the medium hurry situation, and only 10% in the high hurry situation. Surprisingly, the task assigned did not significantly affect the participants’ likeliness to help. Participants who were told they were going to discuss the Good Samaritan helped more, but this was found to be insignificant difference.²¹ This study seems to show that thinking about norms does not necessarily mean that one will act on them and those who were primed to think about Good Samaritan were not more likely to offer help. The research also indicates that “ethics may become a luxury as the speed of our daily lives increases...”²² or maybe people’s ability to recognize a situation is lowered when they are in a hurry.²³ Regardless, this study shows that being in a hurry can greatly influence someone’s behavior so they may not demonstrate their usual virtues.

Perhaps this can explain why physicians—who know about the benefits of healthy behavior and strive to have their patients practice healthy behaviors—may practice unhealthy behaviors themselves. Maybe it is physicians’ extreme work environment that leads some to practice unhealthy behaviors when they know these behaviors are not good for their health. Physicians have long workdays, high case loads, time pressures, poor sleep habits, and high performance expectations that contribute to burnout, depression, job dissatisfaction, and workplace fatigue.²⁴ This environment may lead physicians to feel that they do not have time to eat healthy or to exercise. They may be under such serious time pressures that they give up aspects of their own physical and mental health to meet the demands of their profession. There


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are also links to stress and emotional eating which affects not only one's mental health, but physical health as well. Overall the stress associated with physicians' work environment is not good for physicians' health and can also cause further problems associated with food and exercise.

Improving the Situation to Allow Physicians to Practice Healthy Habits

The medical community is slowly starting to understand and realize the negative effects of long work hours on patients and medical professionals. Studies of medical residents show that sleep deprivation increases the rates of medical errors. Research also suggests that residents are more likely to become injured when under fatigue. Most of the injuries occurred either while delivering care, for example, such as an accidental needle stick and exposure to blood-borne pathogens, or from motor vehicle accidents after a long work shift. These studies show the residents work environment is creating stressful and even dangerous environments for physicians.

This evidence on worker fatigue led the Accreditation Council for Graduate Medical Education (ACGME) to limit residents' work schedule to 80 hours a week averaged over four weeks as recently as 2002. The ACGME requires a maximum 30 hour straight shift restriction, at least 10 hours off between shifts, and only one overnight on call duty every three days. In 2008, the Institute of Medicine (IOM) made further recommendations to the residency schedule

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restrictions. They maintained the 80 hour work week, but recommended a maximum 16 hour shifts, unless a five-hour break is provided for shifts up to 30 hours.\textsuperscript{125}

While these restrictions are a great improvement to the working conditions of medical residents, the situation is still not ideal. Literature suggests that working 50 hours or more a week in any profession can have detrimental effects on workers, placing them at risk for sleep deprivation or fatigue, declines in alertness or concentration, depression, poorer general health (including weight gain, cardiovascular decline, and muscle pain), and injuries.\textsuperscript{126} Thus, physicians and residents may still be exposed to negative side effects from experiencing long work weeks. The situation is not without problems, many critics suggest further reductions in work hours would cause more problems because it would not allow residents to complete their residency in the existing time frame.\textsuperscript{127} Residents learn from experience in the hospital setting and cutting back hours too much may reduce their competency. Therefore, the current work restrictions may be all that is permitted if physicians are to be able to finish their residency in an appropriate amount of time.

Hospitals and the medical community may need to use other methods to provide physicians and other medical professionals situations in which they are better able to practice healthy lifestyle habits. Many hospitals have a gym on campus or provide workers with gym membership. Hospitals may want to start programs or classes to encourage use of these facilities and promote exercise for their employees.

The medical community could also include healthier food options in the hospital setting. Physicians and other medical worker already feel time pressures and may not have time to leave

\textsuperscript{125} "Resident Duty Hours: Enhancing Sleep, Supervision, and Safety." \textit{Institute of Medicine}.
\textsuperscript{126} "Resident Duty Hours: Enhancing Sleep, Supervision, and Safety." \textit{Institute of Medicine}.
the hospital in order to eat. Their situation encourages them to eat the food that is available in the hospital cafeteria or restaurant, and snacks from the vending machine if they do not bring their own meals to work. Surprisingly, food that is often offered in hospitals is usually not considered a healthy option. McDonald’s and other fast food chains are appearing more and more frequently in hospitals across the country. As of 2004, McDonald’s had franchises in 30 hospitals around the country, including the Cleveland Clinic, which is known for its leadership in healthcare. Instead of allowing fast food chains, hospitals should offer healthy, yet affordable, food options to their community of patients and medical professionals. These are just several suggestions to help improve physicians’ work environment so they are better able to practice healthy behavior virtuously and be role models for their patients.

We have found that the circumstances and pressures of the situation can have a large impact on behaviors. Physicians often do not work in an environment that allows for or encourages the practice of healthy behaviors. Even though they may advise their patients to practice certain health habits, they may not feel they are able to practice these behaviors because of their work environment. Therefore, physicians may have less of an obligation to practice a healthy lifestyle if hospitals and the medical community do not promote an environment that is supportive of physicians and allows them to practice appropriate, healthy habits.

But in order for physicians to perform their function of promoting health, they may be called on to habituate their patients and demonstrate how to lead a healthy life. Physicians need to set a precedent for how their patients should live and practice healthy behaviors. Therefore, we cannot afford for physicians’ obligation to practice these healthy behaviors to diminish based on the situation they work in. Physicians’ character needs to remain healthy so they are able to

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perform their function and help habituate their patients to also lead healthier lives. Physicians and the medical community need to work to create a more supportive environment so physicians are better able, and would therefore have a greater obligation to consistently practice healthy behaviors.

Conclusion

Aristotle believed that physicians’ mental capacities were separated from their physical state and should have no effect on their performance as a physician. Thus he concluded that physicians do not need to be healthy in order to treat their patients. Aristotle, however, had a different view towards the physical world and suggests the idea of moderation should act as a guide for how to act virtuously. We have determined this to mean that physicians should act between the excess of being overly health conscious and practicing only unhealthy behaviors. Thus, physicians may be allowed to practice some unhealthy behaviors in moderation.

But we have also seen that situations people are faced with can greatly influence behavior so that we may not always be able to practice behaviors in the mean. Physicians face long, busy work schedules which appear to have negative effects on their health. The medical community has already reduced the number of hours residents can work, but I propose hospitals and the medical community should also look into other ways to promote an environment where it is easier for physicians and medical professionals to practice healthy habits. This may include encouraging physicians to exercise more and providing healthier food options on the hospital campus.
Final Conclusion

Physicians are leaders in healthcare and their job entails promoting and maintaining their patients' health. We have seen in both theory and practice how the actions and appearance of physicians can influence patients' perceptions of physicians and their credibility as leaders. This has far reaching consequences that can affect the patient-physician relationship, the patient’s likelihood to follow the physician’s advice, and ultimately the lifestyle and health of the patient.

We used three major ethical frameworks to find that physicians have a moral obligation to practice healthy behaviors. In Chapter One, under the consequentialist framework, we found that health was a higher good than other physical pleasures. Physicians can also be considered public benefactors because they have the power to influence their patients and affect the total utility in society. Therefore they have a moral obligation to have a healthy lifestyle because of the increase in total utility that results from their healthy behavior.

In Chapter Two, we found that physicians have obligations that arise from the duties of their profession. While codes of medical ethics do not specifically state physicians have an obligation to practice healthy behaviors, we did find that society has created norms towards how a physician should look and this prototype seems to include wearing formal dress with a white coat, and being non-obese. Patients’ perceptions of physicians are greatly influenced by how well the physician’s physical appearance matches this prototype of a physician-leader. Cultural norms create a moral obligation because when physicians display the characteristics of the physician prototype they display their respect for the medical profession and the patient-physician relationship. We then turned to deontological ethics to try to support a moral duty for physicians to practice healthy habits. While it appears physicians make promises not to smoke, these situations did not seem to be strong arguments for all physicians to practice healthy
behaviors. However, when we looked at Kant’s categorical imperative and specifically contradictions in will, we discovered that physicians have a moral obligation to practice healthy behaviors because they could not will their patients to be unhealthy and practice unhealthy behaviors.

We also examined virtue ethics as a final way to approach this question. Both Plato and Aristotle found health to be a good. Plato thinks health and the body are separated from the soul and the function of a physician and so physicians do not need to be healthy to perform their function well. Aristotle, on the other hand, believes health is an external good and necessary for humans to achieve *eudaimonia*. Aristotle argues that in order for someone to be happy, they must practice virtue and have external goods. We learn virtue through habituations and physicians may be needed as role models to help with the habituation of their patients. Therefore, physicians have a moral obligation to practice healthy behaviors in moderation so their patients will also emulate and practice healthy lifestyles.

Earlier we examined the controversy over Dr. Regina Benjamin’s nomination as the new surgeon general and can now hopefully draw some conclusions on the appropriateness of her nomination for this national, leadership position. If Dr. Benjamin could utilize her weight as a way to motivate other Americans to lose weight and practice healthier behaviors, this would result in an increase of good consequences and total utility. She may also be able to use her leadership position to help educate and reshape the norms of our society so we do not automatically associate being overweight with being unhealthy. While Dr. Benjamin may not at first appear to be a good role model for Americans, she could become one if she were able to use her weight issues to help motivate Americans to adopt healthier practices and help to form more appropriate connections between weight and health. Therefore, I do not see Dr. Benjamin’s
nomination to be problematic or her weight immoral for a physician, if she is able to address the situation and use herself as an example to help promote health among Americans.

In conclusion, each of these ethical theories has provided physicians with a moral obligation to practice healthy behaviors. Physicians' professional position places them in a leadership role where they are required to concern themselves with the health and lifestyle of their patients. Ultimately physicians are committed to looking after the health interests of their patients. This commitment morally binds physicians to practice a healthy lifestyle as well.
Works Cited


