EDITORIALS

Should Medical Schools Be Schools for Virtue?

In the *Republic*, Plato recounts the myth of Gyges, who wore a ring that allowed him to become invisible simply by turning the ring around his finger.[1] Gyges misused the ring's powers to seduce the wife of the king, kill him, and take over the country. The lesson that Plato drew from this myth was that the person of true virtue is the one who can be trusted to do the right thing, even when no one is looking.

In a way, two very different articles in this issue of the *Journal of General Internal Medicine* can both claim the myth of Gyges as a philosophical ancestor. One is about measuring trust in physicians,[2] and the other is about educating medical students to become precisely those sorts of physicians who can be trusted to do the right thing for their patients.[3]

As Branch writes, "Medicine, after all, is a moral profession." Yet medicine is increasingly viewed as just another business, and the concept of medicine as a profession, as a "special" endeavor with a different set of moral obligations and expectations,[4] has been denounced as elitist, self-serving, and detrimental to the spirit of the competitive marketplace.[5–7] Some fear that the recent financial reorganization of health care, premised upon the notion that there is nothing special about medicine, poses a particularly grave threat to the essence of medicine as a profession.[8,9] Others argue that the professionalism of medicine can be reconstructed in such a way that it can guard against the financial forces that threaten to undermine its moral potency.[10,11]

TRUST

Trustworthiness may very well be the central professional virtue of health care.[12,13] Yet initial empirical investigations suggest that patients' trust in their physicians is diminishing, both as reported by physicians[14] and by patients themselves.[15] Polls now show that veterinarians are considered more honest than physicians.[16]

As Pearson and Raeke point out in their excellent and timely review, however, trust is a very complex and inadequately studied concept.[2] Philosophically, one can consider trustworthiness (or "fidelity") a virtue, but argue about whether trust itself is a belief, or a feeling, or an irreducibly simple propositional attitude. Critical as it might be to morality, trust has not played a significant role in contemporary moral theory. The emerging "ethics of care," however, assigns trust a more prominent place.[17]

For such a critical concept, there is also a paucity of empirical research intruments available to measure changes in patient trust levels. From an empirical perspective, trust, like "satisfaction" and "quality," is likely to be multidimensional. Therefore, as Pearson and Raeke point out, multi-item scales are likely to be much more secure and valid than single-item questions about "trust." The development of such scales will be aided by general sociological theories of trust,[18,19] as well by sociological theories relating the concept specifically to health care.[20]

However, it would seem prudent to be careful in this endeavor. Most of the attacks on professionalism in health care have come from social scientists.[5–7] Social sciences often hold important philosophical assumptions about human nature and interpersonal relationships of power.[21] It would be highly ironic to create a scale of "trust" based upon the theoretical assumption that no one can truly be trusted.

It would also be a mistake to believe that measurements of patient trust allow one to make direct inferences about the trustworthiness of physicians. The most vicious among us frequently have a way of appearing virtuous, and the truly virtuous are frequently misunderstood. Measurements of patient trust will play an important role in assessing differences between systems of health care financing and in tracking changes over time. But ethical questions are never settled by empirical instruments.

VIRTUE

Branch's essay is about "moral development." In classical philosophy, this would be understood as growth in virtue. Virtue is that critical aspect of ethics that deals with character. In health care, it refers to the kinds of physicians we ought to strive to become.

It is characteristic of a profession that its members strive after virtue. Plainly put, the medical virtues are the characteristics of the good doctor. They include such things as technical competence, compassion, practical wisdom, integrity, altruism, fidelity, courage, and patience. We all know who the virtuous doctors are. They are the doctors we would want to care for us. They are the ones who can be trusted when no one is looking.

In a way, Branch is asking whether medical schools can be transformed into schools for virtue. The cynics will contend that virtue cannot be taught, that students come to us already morally packaged and incapable of change. Against this, Branch reviews the data that show that students can, and in fact do, change. Unfortunately, this change is in the wrong direction.

The data Branch reviews now make it quite clear that the socialization process in our medical schools undermines virtues such as compassion and erodes altruistic

ideals. Students may be ignored, or even pressured into situations they find abusive or unethical.[22–24] They have few avenues in which to express their distress over what they are experiencing, or to ask for redress when they are wronged. They rapidly become jaded. And this moral slide continues during residency.[25] A well-known study about an internal medicine training program was entitled *Getting Rid of Patients* because the sociologist-author perceived that this was the object of "housestaff culture."[26]

Potential conflicts of interest are also now more prominent in medicine. Physicians who own a share of a physical therapy facility are more likely to refer their patients for physical therapy.[27] Researchers now seem to feel it is morally acceptable to own significant amounts of stock in companies that manufacture the drug or device they are testing.[28]

Academic integrity seems to be a virtue in need of rehabilitation as well. Surprising numbers of medical students have cheated as undergraduates and cheat on exams in medical school.[29,30] Residents applying for fellowship falsify their credentials.[31] And there have been multiple recent scandals among faculty regarding research integrity over the last few years.

Will ethics courses do anything to make students morally better physicians? Ethics courses can have a positive effect.[32] They can "consciencitize" students, teach them specific knowledge and skills related to clinical ethical issues, improve their ability to reason morally, improve their confidence in addressing ethical issues, and may even inspire a few.[33] But such learning will not be enough. Attitudes count a great deal, and cognitive learning is often ineffective in shaping attitudes. One can know all the information necessary to obtain a genuine informed consent, yet treat patients in a rude or condescending manner that will not be recorded on the consent form.

Branch is careful to point out that "education for virtue" should not be seen as a replacement for learning about ethical theory, particularly ethical issues, or how to analyze morally troubling cases. Rather, it should be seen as a necessary complement to more traditional "book" learning about ethics.[34]

Branch argues that we need to create a nurturing environment in our medical schools in which trustworthiness and caring really count. He hypothesizes that if students are cared about, and can learn to trust their teachers, and see their teachers behave in a caring and trustworthy manner toward their patients, perhaps they will emulate what they see. He suggest two techniques—role modeling and the use of small discussion groups. But this will not be easy to implement. Faculty themselves are often among the major barriers to the moral development of students, even in subtle ways of which they may not be aware.[35] And the sort of faculty development program necessary to create a large cadre of role models and skilled small group leaders will be very difficult to put into place.

Outside of the profession, the pressures of the new medical-industrial complex will also make the task difficult. The chief virtues of the industrial model are efficiency and productivity; those of the professional model are caring and trustworthiness. The industrial model seeks behavioral change by appealing to enlightened self-interest; the professional model cultivates the virtue of altruism. The industrial model views trust as instrumental to maintaining the health of populations; the professional model sees trust as an intrincsic aspect of the healing of particular patients.

Since the industrial model is now dominant, transforming medical schools into schools for virtue will thus necessarily be countercultural.

CONCLUSIONS

But despite these obstacles, there is really no morally acceptable alternative. We need to create environments that cultivate professional virtue in our schools,[36] and in our practice settings. Sickness renders patients extremely vulnerable. Their very lives may be in our hands, and they have no choice but to trust us. Measuring trust may help. But truly virtuous physicians are those who can be trusted to do what is right and good for patients even when no one is measuring.—**DANIEL P. SULMASY, OFM, MD, PhD**, *Saint Vincents Hospital, New York, and New York Medical College, Valhalla, NY.*

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