The Moral Calibration of Professional Duty:
How responsible am I for my patient's wellbeing?

Aaron Kunz, DO, MA, MME

Clinical Associate Professor

Department of Family and Community Medicine

University of Iowa Health Care

Ethics in Healthcare Conference 2026

Disclosures

- I have no actual or potential conflicts of interest in relation to the content of this lecture.

Case #1

- 44 yo F w/ no PMHx presenting to community clinic for “follow-up breast concern”
- Multiple rounds of antibiotics past month with no improvement
- No fevers or breast drainage; positive mass under L nipple
- Mother died of breast cancer in her 50’s
- Exam: well-appearing; L breast with large, sub-areolar mass with associated nipple destruction and possible peau d’orange sign
- Immediate imaging recommended to assess for breast cancer
- Availability to image same day at location 35 min away; only available time today
- Patient without transport (took bus to get to clinic); no other days off next 2 wks
- Provider offers to take patient by personal car; patient accepts transport

Which of the following best defines the physician's action in this case?

A fulfillment of professional duty

0%

An altruistic act

0%

A violation of professionalism

0%

Something else

0%

Objectives

At the conclusion of the lecture, the learner will be able to...

1. Illustrate the moral tension between the concepts of altruism and duty
2. Describe health care professional character traits that influence fiduciary responsibility to patients
3. Summarize strategies to assure appropriate responsibility in patient care

Inspirations

Witnessing colleagues call patients who no-show an appointment.

- Or calling with test results instead of sending an electronic patient portal message

Inspirations

Observing one surgeon offer hernia surgery for patients with BMI > 35 and others not offering unless the patient's BMI < 35.

- Patient smoking status is another common surgical barrier

Inspirations

Social determinants of health influencing my ability to help.

- Insurance issues
  - E.g., medication coverage
  - How far must I advocate?
- Homeless patients
  - E.g., discharge from hospital
  - Safety? Advocacy?
- Transportation barriers
  - E.g., late to appointment
  - How late is too late?

The Ethical Dilemma

- How responsible am I for my patient's wellbeing?
  - What ethical frameworks?
  - What legal considerations?
  - What personal priorities?
  - What other reasons?

Breakout #1

- How responsible am I for my patient's wellbeing?

Outline

- Explore foundational concepts
- Examine healthcare professional traits & environment
- Equip with tools for answering the title question

Foundational Concepts

Groundwork for Moral Tensions

- Ethical efforts to define the healthcare worker's role
  - Hippocrates[1]
    - *"I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice."*
  - American Medical Association on Physician-Patient Relationships[2]
    - "The relationship between a patient and a physician is based on trust, which gives rise to physicians' ethical responsibility to place patients' welfare above the physician's own self-interest or obligations to others, to use sound medical judgment on patients' behalf, and to advocate for their patients' welfare."
  - Begin with the end, *telos*, in mind[3]
    - "to help people flourish by enabling them to optimise their health"

1 Translation from the Greek by Ludwig Edelstein. From The Hippocratic Oath: Text, Translation, and Interpretation, by Ludwig Edelstein. Baltimore: Johns Hopkins Press, 1943.
2 https://code-medical-ethics.ama-assn.org/ethics-opinions/patient-physician-relationships
3 George AJ, Urch CE, Cribb A. A virtuous framework for professional reflection. Future Healthc J. 2023 Mar;10(1):78-81.

Groundwork for Moral Tensions

- Legal attempts to define the healthcare worker's role
  - More specific laws than general laws surrounding the patient-physician relationship, though there are a few key ones
    - Prospective patients (ADA antidiscrimination – federal law)[1]
    - Emergency situations (EMTALA – federal law)[2]
    - Dismissing a patient (common state laws)[3]

1 https://www.ada.gov/resources/medical-care-mobility/ - structural accessibility
2 https://www.cms.gov/medicare/regulations-guidance/legislation/emergency-medical-treatment-labor-act – service regardless of paying
3 https://www.legis.iowa.gov/docs/iac/rule/09-22-2010.653.13.7.pdf – 30 day notice of termination of services

Groundwork for Moral Tensions

- Legal attempts to define the healthcare worker's role
  - Healthcare workers partake in a fiduciary relationship[1]
  - Fiduciary – a person obligated to act primarily in the best interest of another party
    - Render services that are socially desirable and require special expertise
    - Bound by concepts of loyalty, duty of care, confidence, and trust
    - Other examples: lawyer/client, parent/child, trustee/beneficiary, director/corporation
    - Asymmetric relationship: fiduciary powerful; beneficiary vulnerable
  - Is the healthcare professional a "trustee" of the patient's wellbeing?
    - Confusing concept, recommend avoiding term
    - i.e., trustees are entrusted with property; is the body property? If so, whose?

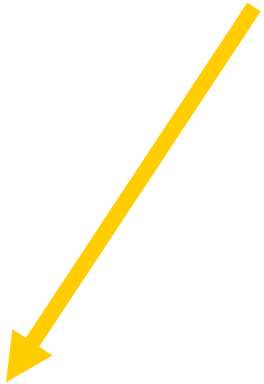
1 Ludewigs S, Narchi J, Kiefer L, Winkler EC. Ethics of the fiduciary relationship between patient and physician: the case of informed consent. J Med Ethics. 2024 Dec 23;51(1):59-66.

Groundwork for Moral Tensions

- Personal endeavors to define the healthcare worker's role
  - What are the reasons for why do we do what we do?
    - Many
    - Varied
    - Individualized

Dissecting The Question

How responsible am I for my patient's wellbeing?



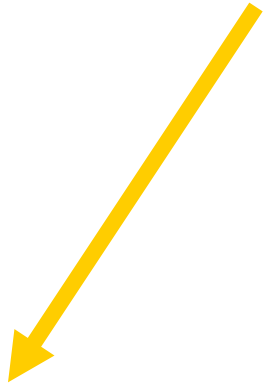
Ethics/Law
(duty, altruism)

Personal Traits
(ethical/non-ethical)

Telos
(end point/focus of greatest concern)

Dissecting The Question

How responsible am I for my patient's wellbeing?



Ethics/Law
(duty, altruism)

Telos
(end point/focus of greatest concern)

Conceptions of "wellbeing"

- "There is general agreement that wellbeing is a multidimensional concept, that is where the consensus ends."[1]
- Wellbeing Theories[2]
  - Hedonism, Desire-Fulfillment, Objective List Theories
- Wellbeing Domains[3,4]
  - objective, experiential, reflective, and narrative
- Conflation of wellbeing with achievement in wellness domains[5]
  - emotional, spiritual, physical, social, intellectual, financial, occupational, environmental

1 Hone L., Schofied G., Jarden A. Conceptualizations of wellbeing: Insights from a prototype analysis on New Zealand workers. N. Z. J. Hum. Resour. Manag. 2016;12:97–118
2 Parfit, D. (1984). *What makes someone's life go best*. In Reasons and Persons (pp. 493–502). Oxford University Press.
3 Rusk R.D., Water L.E. Tracing the size, reach, impact, and breadth of positive psychology. J. Posit. Psychol. 2013;8:207–221.
4 Jarden A, Roache A. What Is Wellbeing? Int J Environ Res Public Health. 2023 Mar 12;20(6):5006.
5 Substance Abuse and Mental Health Services Administration. (2016). Creating a healthier life: A step-by-step guide to wellness. U.S. Department of Health and Human Services. HHS Publication No. SMA-16-4958. https://library.samhsa.gov/sites/default/files/sma16-4958.pdf

Conceptions of “wellbeing”

- Wellbeing as “human flourishing” - *eudaimonia*
  - Achieved through being virtuous, finding purpose, living up to one’s potential
  - An activity, not a state; something you do, not felt
- Aristotle reasons *eudaimonia* is the highest good because…
  - It IS desirable for itself
  - It is NOT desirable for the sake of some other good
  - All other goods are desirable for its sake
- But who is responsible for *eudaimonia*?
  - The patient?
  - Healthcare workers?
  - To what extent?
  - To what parts?

https://plato.stanford.edu/entries/aristotle-ethics/

Ethical motivations for being “responsible”

Duty

Motivation: A sense of obligation or a feeling that something is the "right thing to do".

Focus: Fulfilling a responsibility or obligation.

Example: Returning a borrowed book by the deadline because you promised to do so.

Altruism

Motivation: A selfless desire to benefit others, without expecting personal gain.

Focus: The wellbeing of others.

Example: Giving a gift to a friend because you think they will enjoy it and benefit from it.

https://plato.stanford.edu/entries/altruism

Ethical motivations for being “responsible”

- Duty: from the Greek term *déon* and Latin *debere* (“to owe”)
- Common ethical frameworks using principalism (*deontology*)
  - Beauchamp & Childress[1]
    - Four Principles of Bioethics – autonomy, beneficence, non-maleficence, justice
  - Immanuel Kant[2]
    - Categorical Imperative – a) action is considered morally right only if its underlying rule can be universally applied without contradiction, b) never treat humans as a means to an end
- Duty is a reasonable approach to responsibility given our notion of a fiduciary responsibility to the patient’s wellbeing

1 Beauchamp, T. L., & Childress, J. F. (2012). Principles of biomedical ethics. New York: Oxford University Press.
2 Kant, Immanuel (1993) [1785]. Groundwork of the Metaphysics of Morals. Translated by Ellington, James W. (3rd ed.). Hackett. p. 30.

Ethical motivations for being “responsible”

- Altruism: a deliberate behavior undertaken to benefit someone other than oneself for that person’s sake.
- A nice thing to do, but perhaps not morally necessary
  - Kant: altruism is not a perfect duty, but perhaps an imperfect one
  - Not shamed for not doing, but praised for when done
- Altruism is not always selfless, though is always other-oriented
  - Can require self-sacrifice
  - Permissive of self-interest (so long as second to other’s-interest)
- Altruism is also a reasonable approach to responsibility because of its focus on achieving wellbeing, which is the *telos* for taking action in the first place.

https://plato.stanford.edu/entries/altruism

Duty and altruism considerations

- Adherence to duty doesn't always lead to a satisfactory outcome
  - Can feel cold and abstract in common use
- How do we balance competing principles with duty framework?
  - Which duties? How many? Under what contexts? What definitions?
- Altruism's problem with justice
  - Do something altruistic for one person at one point but not performing the same altruistic act for a different person. How is this fair?
- Be altruistic, but at what cost?
  - Impact on our own human flourishing if we are constantly self-sacrificing

Dissecting The Question

How responsible am I for my patient's wellbeing?

How obligated/selflessly-motivated am I for helping my patient achieve their maximum flourishing?

Breakout #2

- Recalling the differences between duty and altruism, do you think you are more motivated by duty or altruism in your day-to-day professional practice?
  - If duty > altruism, is this always the case? Why/why not?
  - If altruism > duty, how do you reconcile the problem of justice that altruism poses?

Duty

- *Motivation:* A sense of obligation or a feeling that something is the "right thing to do".
- *Focus:* Fulfilling a responsibility or obligation.
- *Example:* Returning a borrowed book by the deadline because you promised to do so.

Altruism

- *Motivation:* A selfless desire to benefit others, without expecting personal gain.
- *Focus:* The well-being of others.
- *Example:* Giving a gift to a friend because you think they will enjoy it and benefit from it

Do you think you are more motivated by duty or altruism in your day-to-day professional practice when trying to help a patient?

Duty 0%

Altruism 0%

Both (Duty > Altruism) 0%

Both (Altruism > Duty) 0%

None of the above 0%

Personal Traits and Environmental Factors

Dissecting The Question

I

Personal Traits
(ethical/non-ethical)

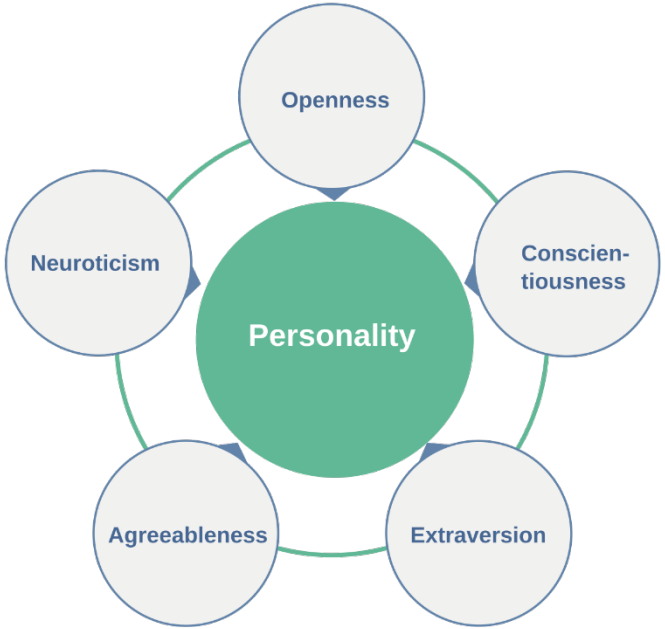
Virtues of a Healthcare Professional

- Nursing Virtues[1]
  - Patience, caring, optimism, trustworthiness, selflessness, respectfulness, confidence
- Social Work Virtues[2]
  - Courage, commitment, compassion, integrity, justice, practical wisdom
- General virtues in medical practice[3]
  - Trust, compassion, justice, fortitude, temperance, integrity, self effacement, and *phronesis* (practical wisdom)

1 Haddad A. The Characteristics of the 'Good Nurse': A Scoping Literature Review. Nurs Res Pract. 2025 Aug 5;2025:8460996.
2 Pawar M., Hugman R., Alexandra A., Anscombe A.W. (Bill) (eds) (2017) Empowering Social Workers: Virtuous Practitioners. Singapore: Springer Nature.
3 Pellegrino, E. D., & Thomasma, D. C. (1993). The virtues in medical practice. Oxford University Press.

Healthcare Professional Personalities/Behaviors

- Higher performance in healthcare role is associated with a personality that is open-minded and conscientious[1]
- Altruism saves Medicare money[2]
  - Patients of altruistic physician spent 9% less on health care
- Altruism may be evolving post COVID-19 in nursing[3]
  - Natural caring → professional caring



The "Big Five" Personality Domains

1 Wilmot, M. P., & Ones, D. S. (2021). Occupational characteristics moderate personality–performance relations in major occupational groups. *Journal of Vocational Behavior*, *131*, 103655.
2 Casalino LP, Kariv S, Markovits D, Fisman R, Li J. Physician Altruism and Spending, Hospital Admissions, and Emergency Department Visits. JAMA Health Forum. 2024 Oct 4;5(10):e243383.
3 Slettmyr A, Schandl A, Arman M, Hugelius K. Professional altruism in nursing care: A concept clarification study. Int J Nurs Stud Adv. 2026 Mar 16;10:100522.

Unhelpful Dispositions in Healthcare Workers

- Pathologic Altruism[1]
  - Any behavior in which the stated aim is to promote wellbeing, but, instead of beneficial outcomes, has irrational and negative consequences to others or the self.
- Atlas Personality[2]
  - "excessive sensitivity" and concern of emotional wellbeing of others
  - Associated with adverse childhood events
  - Depressed & anxious; person unaware of own needs
- Compulsive Triad[3]
  - Doubt, guilt, exaggerated responsibility
  - Chronic feelings of "not doing enough"

1 Oakley, B., Knafo, A., Madhavan, G., & Wilson, D. S. (Eds.). (2011). *Pathological altruism*. Oxford University Press.
2 Vogel LZ, Savva S. Atlas personality. Br J Med Psychol. 1993 Dec;66(4):323-30.
3 Gabbard GO. The role of compulsiveness in the normal physician. JAMA. 1985 Nov 22-29;254(20):2926-9.

Environmental Factors

- System-related failings
  - Staffing shortages
  - Inpatient and Outpatient care, but no “mid-patient”
- Patient rights and responsibilities[1]
- Social determinants of health
- Pressures for political advocacy as professional duty
  - For advocacy[2]
  - Against advocacy[3]

1 https://code-medical-ethics.ama-assn.org/ethics-opinions/patient-responsibilities
2 Krishnamurthy S, Soltany KA, Montez K. Incorporating Health Policy and Advocacy Curricula Into Undergraduate Medical Education in the United States. J Med Educ Curric Dev. 2023 Jul 31
3 Huddle TS. Perspective: Medical professionalism and medical education should not involve commitments to political advocacy. Acad Med. 2011 Mar;86(3):378-83.

Breakout #3

- What personal traits and personal virtues most significantly impact, positively or negatively, our ability to influence patient wellbeing?
- Given that environmental factors are resistant to change and often beyond the influence of an individual yet can have profound impact on our ability to promote patient wellbeing, do we as healthcare workers have a duty (perfect, imperfect, or no) for political advocacy?

Which of the following has the greatest impact on a healthcare worker's ability to improve the wellbeing of their patients?

(A) Healthcare worker's virtues

0%

(B) Healthcare worker's personality

0%

(C) Environmental factors

0%

(D) All of the above are equally impactful

0%

Tools for Navigating

Dissecting The Question

How responsible am I for my patient's wellbeing?

How obligated/selflessly-motivated am I for helping my patient achieve their maximum flourishing?

Ethical Tools

- Normative Ethics – What responsibility do I have?
  - Fragmentation of Value – Thomas Nagel
  - *Phronesis* (practical wisdom) – Aristotle, Nagel, Pellegrino, others

- Applied Ethics – To what end should I go?
  - Professional Boundaries
  - Zone of Helpfulness

The Fragmentation of Value

- Obligations, rights, utilities, perfectionist ends, and private commitments are key generators of dilemmas – how do we give priorities among them?
  - Nagel argues that trying to rank order is implausible because of great division (i.e., fragmentation) and variation in the sources of values and how they are classified.[1]
    - "To look for a single general theory of how to decide the right thing to do is like looking for a single theory of how to decide what to believe." – Nagel
  - Nagel notes that we are accepting of this fragmentation when it comes to belief, but less so when it comes to value.
    - Argues that a similar framework should be permissible to value(s).

1 Nagel T. The Fragmentation of Value. In: Mortal Questions. Canto Classics. Cambridge University Press; 2012:128-141.

The Fragmentation of Value

- Even though ethical unification is not possible, we still must make decisions, even when there's no solution to a true dilemma.
- What then should we concern ourselves with? If we can't prioritize/unify, how might we render a decision right or wrong?
  - *phronesis* – practical wisdom
    - "…the ability to see, on each occasion, which course of action is best supported by reasons."[1]
    - "Provided one has taken the process of practical justification as far as it will go in the course of arriving at the conflict, one may be able to proceed without further justification, but without irrationality either."[2] – Nagel

1 https://plato.stanford.edu/entries/aristotle-ethics
2 Nagel T. The Fragmentation of Value. In: Mortal Questions. Canto Classics. Cambridge University Press; 2012:128-141.

The Fragmentation of Value

- Why is *phronesis* useful in healthcare dilemmas?
  - Challenges us to think broadly and respectfully of persons that could be harmed by action while also encouraging us to contextualize to specific cases rather than deal in absolutes.
    - Not always easy (often isn't!)
  - Asks us to carefully reason through both the responsible portion and depth portion to the title question.
    - Who is truly responsible for human flourishing?
    - To what degree is that person(s) responsible (i.e., depth and scope)?
  - *Phronesis* pairs well with the concept of fragmentation of value because it acknowledges that we likely are not as perfectly responsible for some elements of wellbeing that we think we are.
    - Doesn't absolve us from trying to maximize responsibility, but helps us realize that we can only go as far as reason can take us

Professional Boundary

- Definitions
  - "The spaces between the nurse's power and the patient's vulnerability."[1]
  - "The limits that allow for a safe connection based on the client's needs."[2]
  - "Riverbanks to the river, allowing work to take place in a defined space."[3]
- Boundaries between health care professionals and patient most common
  - Boundaries between staff also present, though not focus here

1 https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf
2 Peterson, M. R. (2015). At personal risk: Boundary violations in professional-client relationships. W.W. Norton and Company.
3 https://professionalboundaries.org.uk/faq/

Purpose and Reason for Boundaries

- Professional boundaries are borne out of the need to cultivate *therapeutic* relationships that are *safe* and *respectful* amidst an imbalance of power and vulnerability on behalf of the health care professional and the health care recipient.
- Influences
  - Culture – e.g., titles vs first names (ex. “Dr. Xiao” & “Ms. Smith” vs “Ken” & “Mary”)
  - Law – e.g., informed consent for treatment
  - Professional Standards – e.g., the “standard of care” for a given disease process
  - Ethics – e.g., appropriateness of providing or accepting patient gifts
- Importance
  - Identify and attain expectations between persons involved
  - Prevent abuse and exploitation of persons involved – i.e., protect people
  - Strive to provide equity and justice in care

Anatomy of a Professional Boundary

- https://voice.ons.org/news-and-views/the-case-of-the-blurred-boundaries
- https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf
- https://oregonwraparound.org/wp-content/uploads/2020/02/Tool-Time-Zone-of-Helpfulness.pdf
- https://www.rsat-tta.com/Files/RSAT_Webinar-10-2019

Breakout #4

- What makes maintaining professional boundaries difficult?

Difficulties in Maintaining Boundaries

- Expectations about abilities and roles within the relationship are assumed or unclear
  - E.g., Patient expecting health care professional will provide a service that the professional does not
- Goals of care are not identified or defined between the two parties
  - Goals, if identified, may be also be incongruent
- What is and isn't helpful/therapeutic for an individual is multifaceted
  - E.g., therapeutic touch may or may not be effective based on people involved, time, or space and place of the situation; often involve cultural factors, which themselves are variable
- Professional obligations to provide care
  - At what cost to the health care professional's conscientious practice?
- Systemic systematic disruptions
  - Care can be inefficient and structurally unfair

Case #2

- It is 5 PM on a Friday afternoon at an outpatient internal medicine clinic
- A healthcare professional has spent the past two hours on the phone with an insurance company trying to get a patient's insurance plan to pay for a medication refill.
- The insurance company refuses to pay for the medication refill
- The refill will cost the patient $30 out-of-pocket
- The healthcare professional decides to pay for the patient's medication, handing her $30 in cash.

Schiff GD. Crossing Boundaries—Violation or Obligation? JAMA. 2013;310(12):1233–1234. doi:10.1001/jama.2013.276133

Given the information at hand, which of the following best represents the health care professional's action?

- Boundary Crossing
- Boundary Violation
- Neither Crossing nor Violation
- Professional Obligation
- Unsure

Boundary Breaches

- When considering breaching a boundary, need to assess if it is a …
  - Crossing
  - Violation
- Boundary Crossing
  - "A brief excursion across professional lines of behavior that may be inadvertent, thoughtless, or even purposeful, while attempting to meet a special therapeutic need of the patient."[1]
  - Non-harmful and non-exploitative, though not without risk and sometimes necessary[2]
- Boundary Violation
  - Conduct that is exploitative or coercive in its scope; a "harmful crossing"[3,4]
  - Frequently focused on the professional, not the needs of the patient

1 https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf
2 https://journalofethics.ama-assn.org/article/necessary-boundary-crossings-pediatrics/2015-05
3 Gutheil TG, Gabbard GO. The concept of boundaries in clinical practice: theoretical and risk-management dimensions. Am J Psychiatry. 1993 Feb;150(2):188-96. doi: 10.1176/ajp.150.2.188.
4 Reamer FG. Boundary issues in social work: managing dual relationships. Soc Work. 2003 Jan;48(1):121-33. doi: 10.1093/sw/48.1.121.

Boundary Breaches

Example Crossings

Disclosing personal information

- E.g., sharing a personal problem with a patient in an attempt empathize with theirs

Giving advice beyond the scope of one's role or expertise

Breaching confidentiality

Socializing

- Attending a party hosted by a family

Rescuing

- Driving a child home when the mother needs to take an emergency trip

Example Violations

Engaging in an intimate relationship with a patient

Seeking personal gain

- Asking a family member to purchase something sold by the health care professional

Accepting large gifts or favors

- Accepting an all-expenses paid trip from the family of a child you teach

Showing favoritism or bias

- Consistently greeting one group of patients more warmth and enthusiasm than other

NB - Context often drives assessment of crossing vs violation!

https://www.naeyc.org/resources/pubs/yc/dec2020/professional-boundaries#:~:text=Professional%20boundaries%20are%20broader%20and,We%20must%20not%20endanger%20children).

Questions for Identifying Boundaries

- Why is this situation bothering me?
- Will the action cause the patient or family to become dependent on me to the point that they are unable to manage if I am not available to them?
- Am I sharing highly personal information unrelated to the work I do?
- Am I giving advice on an issue that I do not have training to address?
- Does the action involve fairness and/or equity?
- ***Is the action I am considering primarily support the needs or well-being of the patient and/or family my own needs or well-being?***

https://www.naeyc.org/resources/pubs/yc/dec2020/professional-boundaries#:~:text=Professional%20boundaries%20are%20broader%20and,We%20must%20not%20endanger%20children).

Navigating Beyond the Boundary

- How do we generally navigate boundary crossings?
  - 2010 study assessed 49 social worker responses to 12 scenarios
  - Results indicated that majority of respondents utilized own moral compass rather than citing professional, regulatory, or institutional policies[1]

1 Doel, M., Allmark, P., Conway, P., Cowburn, M., Flynn, M., Nelson, P., & Tod, A. (2010). Professional boundaries: Crossing a line or entering the shadows? British Journal of Social Work, 40(6), 1866-1889. https://doi.org/10.1093/bjsw/bcp106

Navigating Beyond the Boundary

- Before acting, consider the following questions…
  - What is the boundary I'm crossing and what are my goals and motives for doing so?
  - Can my motives be justified using ethical theories? If so, how? What are potential ethical counterarguments to my planned action?
  - What is the magnitude and permanency of this breach? What harms may occur?
  - Have I communicated my intent and motives to the patient before taking action?
  - Is the patient receptive to my intent and motives before taking action?
  - What are the legal implications of doing so?
  - What context is this occurring in? What are the facts?

Navigating Beyond the Boundary

- If at any point determine action is a potential boundary violation: STOP!
  - Consider further discussion with a colleague, ethics consult service, or legal team
  - Consider transferring patient's care
- If acting, consider documenting specifics and reasons for boundary crossing in the medical record.

Additional Tools

What other virtues should I be considering?

The classical list of four virtues can be supplemented by other character traits. The professional could reflect on whether there are others that they understand important for their professional behaviour. As discussed in the main text, clinical curiosity could be considered important.

- Have I considered all aspects of this patient's condition and situation that might be relevant? Is there something unusual about the pathology, or does knowing more about their beliefs and values, help me achieve my purpose?
- Is there knowledge (in the literature, or from a colleague) that I could find out that would help me?

Am I using my skills appropriately?

One of the roles of wisdom is to help the medical professional use their skills appropriately.

- Am I using my training and skills to enable my patient to achieve as good a health as possible?
- Should I have used a different approach in this situation?
- What skills do I need to develop to improve my ability to be a good doctor for this (and future) patient?

Am I getting fulfilment as a doctor?

This question can be more relevant when a doctor is reflecting on their overall professional development, rather than a particular clinical situation. However, reflection on what fulfilment is achieved in a particular situation can be important in motivation and maintaining a sense of purpose.

- What is it that I love about being a doctor?
- What did I do well as a doctor in this setting?
- Am I too focused on external goods (money, reputation etc.) that I have lost sight of the potential joy and fulfilment I can get from being a doctor?

How might I achieve my purpose as a medical professional?

The doctor might reflect on what they do in light of their purpose and check that they are working to that purpose, rather than some secondary or false purpose.

- What does 'health' and 'flourishing' mean for me and, more importantly, for this patient? In this example this might involve considering whether health is about a full life or a long life.
- Am I working to enable this patient to achieve the best health possible, or am I chasing some other goal (such as self-esteem, reputation, or avoiding distress)?
- Is there a better way to achieve this purpose than the approach I am taking?
- Am I being the best doctor possible for this patient?

How can I exercise my virtues appropriately?

The medical professional could look at the four virtues of courage, temperance, justice and wisdom, and reflect on what they can mean in this situation, and whether they are exercising them appropriately (at the right time, in the right way and to the right extent).

- Am I being appropriately courageous when I am having conversations with the patient, their family and other clinicians involved in their care? In this case, a courageous conversation would be discussing the reality of the situation (from both the doctor's and patient's point of view), rather than avoiding distress.
- Am I using the available resources (time and money) in a way that is just? For example, it would not be just to use an expensive treatment that is known to be ineffective simply because the patient 'wants something'.
- Am I considering the patient's (and others, including the care team's) needs and wants? These may not be clinical needs, but include the need to be treated in a compassionate and dignified manner. This may require the doctor to spend time helping the patient understand and articulate their needs.
- Am I in control of my emotions, desires and wants so that I am not doing things for the wrong reasons including for my own sake? A doctor might inappropriately promote a treatment option because it boosts their self-esteem and makes them feel capable of helping a patient in a difficult setting, rather than for any true benefit.
- How am I using my wisdom to know when and how to exercise virtues and skills? The doctor is like musical conductor, bringing in skills and virtues at the right time and volume.

George AJ, Urch CE, Cribb A. A virtuous framework for professional reflection. Future Healthc J. 2023 Mar;10(1):78-81.

Case #2 – Revisited: Crossing or Violation?

- It is 5 PM on a Friday afternoon at an outpatient internal medicine clinic
- A health care professional has spent the past two hours on the phone with an insurance company trying to get a patient's insurance plan to pay for a medication refill.
- The insurance company refuses to pay for the medication refill
- The refill will cost the patient $30 out-of-pocket
- The health care professional decides to pay for the patient's medication, handing her $30 in cash.

Schiff GD. Crossing Boundaries—Violation or Obligation? JAMA. 2013;310(12):1233–1234. doi:10.1001/jama.2013.276133

Conclusion

Dissecting The Question

How responsible am I for my patient's wellbeing?

↓

How obligated/selflessly-motivated am I for helping my patient achieve their maximum flourishing?

↓

What patient needs am I obligated/selflessly-motivated to meet so that this person can continue pursuing their human flourishing?

Take Home Points

- Duty and altruism are related but avoid conflating.
- Reduce the question of patient wellbeing to a particular patient need in which you possess proximal expertise, fragmenting value and utilizing practical wisdom to help chart a course of action for the specific person at a specific time.
- Consider boundaries related to meeting the patient's need, respecting when possible and crossing thoughtfully with reason when necessary.

Questions?

CHANGING MEDICINE.
CHANGING LIVES.®

Thank You!

CHANGING MEDICINE.
CHANGING LIVES.®