

Facing Our Morality: The Virtues of a Common Life

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*It is time for all the heroes to go home
if they have any, time for all of us common ones
to locate ourselves by the real things we live by.
William Stafford, "Allegiances"*

Last week I admitted Mr. M in the predawn hours of an evolving M.I. I had forgotten his name. Erased the particulars of our prickly past until we came face to face the behind closed curtains of an emergency room bay. Through sleep-deprived eyes and the apparition of a pachyderm poised on my patient's chest, I saw clearly what the years had hidden. Thankfully, there was business to conduct, orders to write, and the beat of a clinical guideline to march us along.

The ethical dilemmas in medicine are no longer about distributive justice or physician-assisted suicide. These have been handed to stockholders and politicians. For the work weary physician, our Waterloo waits in the tall stack of messages at the end of the day, or in the denied insurance claims we have let lapse. We recognize it in the unattended visiting hours and cards of condolence, our cowardice to confront addiction and abuse, the contempt we feel for patients bent on a path of self-destruction, or in the encounters too quickly closed by a prescription or blood test when another five minutes with the doctor would do. The way we respond, in attitude and action, reflects the core of the physician we are becoming.

The busy prideful doctor, in these small and inconsequential moments, has no guardian angel to turn to. Our ethical codes of conduct remain mum, brooding silently from a higher shelf, abstract and fixed, beyond reach of the mad-dashing doctor's mad. Such compendia of rules and principles seem better suited for social bodies executing public acts or promoting the party line than for the foot soldier sinking in the quick.

Virtue

But what exactly is virtue? It is a bit of the sacred inside us, something we perceive as

gratitude or grace, mindfulness or mercy, an interior quality pushing us outward toward excellence. It is often invoked to shore up human relationships- where love or discipline (or their imbalance) have failed. Thus it demands the doctor's attention not because we are important, or because our work is important, but because relationship is central to the work of medicine.

Virtue has a voice, one that whispers (in the words of Abraham Lincoln) to the better angels of our nature and impels us through the drama of lives literary and real, ordinary and heroic. It is neither pious nor Pollyannish but remains largely empiric, always testing the adage that "virtue is its own reward." Virtuous attributes are ingrained by repetition until they become habit and attitude and self-image. They press upon everyday acts but reserve judgment until the close of a career.

Doctors are not trained to be tender. Like clinical commandos, we target the patient's chief complaint with skill, knowledge, and the muscle of authority. But for those who won't be cured, who remain fundamentally needy and return week after week unchanged or destined to die, we must bandage them with ourselves. Like Jonah, we enter a whale's belly of boredom, pain, fantasy, fear. Access is granted to those who dress the untouchable wound, withhold judgment from sin, focus where others refuse to gaze. We are relief workers in a refugee camp, endowed with inadequate supplies of friendship, loyalty, and love. It is ordinary human relationship that a doctor straddles, no matter what is made of the gap in power or depth of intimacy. Differences disappear: we are the patient, and our business becomes simultaneously the world and a neighbor in need.

A decade ago, Edmund Pellegrino challenged the New York Medical Society with his vision of medicine as a moral community. Sadly, who can agree? No centripetal force draws us together as one body. Real communities are centered on service to others, not pecuniary zeal. They do not guard memberships or boundaries but promote the advance of a common cause. Time is needed, unbillable time, time for chatter or reaching an understanding, more than it takes for a procedure and its recovery, a clinical clerkship, or a granting cycle. What often results is loyalty or faithfulness, such as you find in good friendship.

The purpose of community (because, in our age of affluence, we no longer need it for physical survival) is to remind us who we are. The message is refreshed at Saturday morning markets, along the 4th of July parade route, through natural disasters like last year's ice storm or in the community-wide celebrations of this year's state championship.

We discover our inter-changeable roles at yard sales, benefit suppers, community plays, YMCA runs. Today's archenemy is tomorrow's teammate, our auto mechanic, my daughter's dentist, or the crucial vote in an upcoming election. However difficult it is to shed the role of "doctor" when I leave the office, I am blessed by the roles I bring back: husband, father, runner, gardener, singer, church-goer. They nourish and enlarge me; they assure my exposure to honest advice, a gentle reprove, words that can mend and mold me.

It is a shame, really, that doctors spend so little time in the communities where they practice. If we did, we might come to see our patients from a different angle, as real people on equal terms, capable of returning more than they receive. With greater depth of field, we might more easily grasp their worries and woes, and recognize our failures to help them. We might be fed by their gratitude, motivated by friendship instead of their demands or a sense of sacred duty or the lure of the almighty dollar. Perhaps our panel of patients, and those who assist us in their care, are the communities we seek.

Continuity

Fourteen years have passed. I cope more easily now with the small but niggling regrets of the daily grind, surrendering these and their moral burden to my Thursday morning meeting of partners. Here, for an hour each week, we air our dirty laundry, search our foibles, sift through the soured interactions and missed opportunities that fall so easily through the cracks. The practice has recruited new blood, partly to prevent burn-out but also as a pin for our pretensions- that we are indispensable or omniscient. I try hard to acknowledge my mistakes in the split second before rationalization snaps into place. And try harder to apologize to those who have suffered as a result.

Within a few short years of practice, I have learned to walk on two empiric legs. The first is the knowledge that doctors rise to their best by serving the least of their patients- the least insured, the least curable, the least attractive, responsible, or grateful. The least like us. The second is my belief that personal and clinical contributions to the patient's wellbeing are an indivisible act- fused in their timing, their import, and the totality of patients' expectations.

Virtue is about the everyday responsibility of living in community. It is not the province of heroes and saints, whom we idolize and elevate and leave holding the bag. We must

overcome fear and false modesty in order to reclaim virtue, and- in the process- a fuller sense of ourselves. We might follow the gentle lead of Dr. Williams: "I've got no solutions," he once told Robert Coles, "only a few obvious ideas- that people should talk to each other in a medical school class the way we're talking now. I'm saying that the more open we are about what gets our moods going, and how those moods affect our work, the more likely we are to catch hold of ourselves- in the nick of time." If there are any heroes or saints left in the world, they are each of us at our best, responding to the worst that the world imposes. Like a photo mosaic, our lives create the ethereal outline of virtue. But it is in the individual faces, or parts thereof, that virtue becomes most worthy of emulation.

Mr. M and I did not undo the past. We plodded ahead as best we could, two lives thrown together by fate and pulled on a providential leash. Happily, I didn't botch my second chance. I realize now that its very possibility depends upon living in a community where the doctor's fallibility and faithfulness are a matter of record. Yes, I'm an occasional hero in this small town. But more importantly I am moored to my patients' predicament, their fleshed-in lives, and the unflinching fact that we are interchangeable. Commoners all. Located by the real things we live by.

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