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# The Basis of Medicine and Religion: Respect for Persons

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On the whole, the present age has lost respect for human life. Literature, music, and art reflect the fact that life is under assault. It is no wonder that mere survival is considered an exalted achievement in these times when human life can be ended before birth by being salinated in the mother's womb or can be born nutritionally brain-damaged and suffer from starvation, food additives, and a polluted environment. Even when human life survives all these assaults, it can be snuffed out in one of a hundred wars which break out all over the earth.

Against this admittedly negative scenario, the medical profession bravely asserts its commitment to respect human persons. Apart from religious organizations, the profession of healing is one of the few effective international forces fostering the dignity and value of individual human beings. But because of its commitment to human life, healing, too, is under assault.

Within the profession, evidence exists of practices for economic gain, destruction of human dignity, and attacks on life. The profession also is under pressure from external sources to fulfill social aims for which it is ill-equipped<sup>1</sup> or to fulfill political purposes, such as the torture of prisoners, for which its commitments demand profound antipathy. Given these anti-life forces, it is all the more important that the healing profession renew its commitment to affirm the value of human life.

A close examination of the role of humanism in patient care reveals not only how current health professionals affirm this value, but also how religious-sponsored health care can develop its goals and values in the future. There is no need to retreat into the past; rather, health care leaders must continue to show courage and wisdom in implementing their convictions. This article will explore three generalizations about humanism in patient care: (1) that respect for persons is a guiding

motive of both religion and the healing profession; (2) that ethical norms for the healing profession result from respect for persons; and (3) that religious affirmation can strengthen these ethical norms. This last point will emphasize the Catholic tradition.

The struggle for individual autonomy and recognition has been a long and hard one, and it is not yet completed. Both religion and medicine contain the seeds of that struggle, and both have played a major role in whatever success each has achieved. Religion and the profession of healing share the premise that human life is at once fragile and perfectible. Growth in virtue and health requires awareness of life's finitude and perfectibility and, at the same time, demands an affirmation that happiness and well-being are ideal aims for individuals. Such growth rests upon the altruistic assumption that human beings can help each other to improve. It is significant to note that the earliest priests were also medicine men.

The effects of virtue and health, happiness and well-being were virtually indistinguishable for all but the past 2,000 years, a relatively short part of the human lifespan. Respect for persons is a natural byproduct of the aims of happiness and well-being which are intrinsic to religion and the profession of healing. Respect for persons ascends the ladder of values as both religion and medicine concentrate on the individual.

As long as religion and medicine were both embodied in the person of the medicine man, their social and community aims were indistinguishable. For example, the Babylonians considered illness to be a direct consequence of sin, and healing included a confession of sins and infractions against community mores. But as early as 1500 B.C. Hindu physicians took an oath remarkably like the later Hippocratic Oath in which respect for individual persons was coupled with a real sense of a profession, that is, a public commitment to care for individuals regardless of public mores.<sup>2</sup> Later, in Egypt and Greece the medical profession became sufficiently secure to divorce itself from religious aims. This action led the healing profession to concentrate on its moral commitments to individuals. The Hippocratic Oath clearly reveals this principle of individuation in its solemn promise not to harm the patient to whom one has professional obligations of care, confidentiality, and personal respect.<sup>3</sup>

The growth of respect for persons in religion was also linked to a principle of individuation, although its genesis was different. While anthropologists argue that a common feature of all religions was the respect for the members of one's own tribe, universal respect for persons not in one's tribe or nation was long in coming. The theological movements of greatest import included the rise of universalism, demands for justice, and the distinction between creation and redemption concomitant with the emergence of the prophetic movement around 500 B.C.<sup>4</sup>

At the heart of prophetic universalism is the belief that the Creator made all human beings and called all to redemption. Exclusivism and tribal loyalties are not compatible with this conviction, and they were replaced with a belief in the inherent value of individuals which demands respect for all human persons. The growth of Christianity combined this vision with the Roman Empire's stoic view of natural rights.

Thus, professionalism in medicine coupled with the supranatural universalism of religion led to the principle of individuation; the value of respect for persons was firmly entrenched, even though actual behavior often was less than altruistic.

Painting cultural progress in such broad strokes can be dangerous. Nevertheless, the picture painted above is relatively complete. Pedro Lain-Entralgo, in his excellent book *Doctor and Patient*, describes this relationship throughout history.<sup>5</sup> Although the rationale for the obligations in the relationship differs in Greek, Christian, and contemporary times, respect for individual persons underpins the relationship throughout these historical eras.<sup>6</sup> Similarly, respect for persons is at the heart of Judeo-Christian morality, which regards every human being as a child of God called to redemption.

Given this rich religious heritage, it is not surprising that Western political and philosophical thought underscores this same respect for persons. Each individual is regarded as having endowed rights that no individual or government can rescind. In addition to the philosophical movement which emphasized this theory of individual rights, moral philosophers have also highlighted this conviction. Kant held that persons should be treated, not as mere means, but as ends in themselves.<sup>7</sup> John Stuart Mill in *On Liberty*, argued that the freedom of persons could not be infringed upon unless they were a danger to others or could not apprehend the negative consequences of their actions on others.<sup>8</sup>

### Norms for the Healing Profession

The principle of respect for persons offers norms of moral activity for the healing profession. Such respect is at the root of current guidelines on research and functions as the basis for clinical medicine. Of course, it continues to inform the ethical codes of the healing professions as well. Although this article is limited to an examination of the medical research guidelines and to reflections on clinical medicine, the norms which emerge from these reflections could lead to a rejuvenated code of ethics for the healing profession, a task which is outside the scope of this article.<sup>9</sup>

The Department of Health, Education, and Welfare (HEW) guidelines for human participation in medical research are based on the principle of the rights of subjects as human beings. Basic to the pro-

cedures following from this principle is the need for informed consent.<sup>10</sup> The requirement of informed consent is based on the conviction that persons are autonomous beings who, if their autonomy is diminished for some reason, must be protected. Thus respect for persons entails two ethical guidelines: "the requirement to acknowledge autonomy and the requirement to protect those with diminished autonomy."<sup>11</sup>

As the *Belmont Report* of the National Commission for the Protection of Human Subjects points out, respect for persons also entails a medical obligation to promote their well-being.<sup>12</sup> Hence, in addition to obtaining informed consent, medical research must compare risks and benefits to individual participants and must attempt, in scientific design, to maximize the benefit and minimize possible harm. Finally, respect for persons entails a principle of justice that demands that persons be treated fairly, without undue burdens. Thus, to perform all hypertension research only on poor black persons for the benefit of the whole population places an unjust burden on them as a class and diminishes their personal integrity.

Respect for persons leads to moral obligations in the healing profession. The following norms for medical research flow from this principle:

1. *To recognize the autonomy of persons.* This norm rests not only on the principle of liberty proposed by Mill but also on the medical obligation to treat individuals as free agents so that they can be full partners in the research. The relationship of subject and researcher is promoted as a true human relationship.<sup>13</sup>

2. *To protect persons whose autonomy is impaired.* This norm is not simply a sequel to informed consent but follows as a professional obligation. It would be inappropriate to attempt to heal people while simultaneously diminishing their autonomy or taking advantage of their lack of it.

3. *To promote the well-being of persons.* This norm follows directly from the beneficent aim of medicine, i.e., the healing profession's obligation to benefit people exceeds the demands of justice. Caring for whole persons is a real professional obligation.

4. *To treat each person fairly.* This is a minimal norm of medical research. At the very least, healing requires that the person cannot be used for an experiment to benefit others unless the person also derives some benefit as an individual or as a member of a class.

### Norms for Clinical Practice

These norms for medical research can be better understood by comparing them to similar norms for clinical medical practice. Apparently, many persons consent to research — even research that does not benefit them — in which the norms buttressing their individuality are not

adequately applied. In studying the practical effects of the HEW guidelines, researchers found that most subjects tolerated lack of information and freedom in consent precisely because they did not want to impair their physician-patient relationship.<sup>14</sup> In other words, this clinical bond is so important and so primary that patients will suffer diminished personal autonomy and respect to maintain it.

Why is this clinical bond so important and what does its existence reveal about respect for persons? The clinical bond between the patient and the healing profession is based on a primary value: health. Persons who are healthy rank other values ahead of health. They see health, as have many philosophers from Aristotle to Dewey, as a condition for freedom and autonomy.<sup>15</sup> When persons become sick, however, they often rate health at the top of their list of values and rate other values, such as freedom and autonomy, secondary to the aim of healing.

Thus, when physicians and staff view persons only as patients, the sick individual suffers from both a diminished state of health and a diminished sense of autonomy. These individuals find themselves in an imbalanced relationship of almost childlike dependency on the healing profession. This feeling of dependency is perhaps the most irksome aspect of admission to a hospital.

The aim of the clinical bond between the patient and the healing profession is to restore health. This value is ranked highest in the patient's priorities and is affirmed by the healing profession. Professional obligations follow from this primary goal.

Clearly, respect for persons would be negated if treatment resulted in harm rather than healing. For this reason, the most ancient norm of medicine, expressed in the Hindu Oath and the Hippocratic Oath, is *primum non nocere* ("first of all, do no harm").<sup>16</sup> This norm is essentially beneficent. The health professional's obligation is primarily to the patient, even though other values of society may impinge on the clinical relationship. The clinical bond is so strong a relationship of obligation that Paul Ramsey calls it a canon or covenant of loyalty to distinguish its human faithfulness from lesser legal, contracted obligations.<sup>17</sup>

Two additional norms for clinical medicine also follow from the nature of the clinical bond.<sup>18</sup> The first of these is to respect the imbalanced relationship itself. The healing profession not only must fulfill its obligation to heal but also must recognize and help to restore those aspects which diminish the patient's personhood in the physician-patient relationship. Since the patient is no longer a fully autonomous and knowledgeable partner in this imbalanced relationship, the patient is in a diminished state as a person. Obligations inherent in such an imbalanced relationship include revealing the truth, supplying sufficient information for free decisions, and respecting the patient's right to refuse treatment.

The third norm of the clinical relationship is to treat each person as a class instance of the human race. This is really an obligation of justice. Since sick persons have an imbalanced relationship with the healing profession, promoting their well-being implies that all persons be treated equitably regardless of social standing and custom. The poor should receive the same care as the rich, blacks the same as whites, the aged the same as the young.

Respect for persons, then, is the guiding principle for the healing profession, in both research and clinical medicine. This respect is tailored to and modified by the healing relationship essential to medicine, from which its professional obligations flow.

### **Beyond Professionalism: Religion and Medicine**

The previous section explained how respect for persons establishes professional obligations. This final section will discuss ways in which religious commitments reinforce professional obligations.

If respect for persons is the guiding motive of the healing profession, then medicine practiced for religious reasons can only strengthen this obligation. What medicine regards as professional obligations, religion views as human obligations. And it is this difference in viewpoints that constitutes any difference between professional and human obligations.

From a religious perspective, the respect due a human being arises from the fact that individuals are created by God and called to His salvation. No human person, regardless of how hopeless his or her life, can be abandoned. All persons are seen as sacramental, that is, extensions of God in human history. Each person is a created presence of God.

Hence the professional requirement to treat each person as a class instance of the human race means that, from a religious perspective, beyond the professional requirement of justice is a loving requirement of faith. One loves the person, not only as person but as a presence of God. As Jesus said, "Whatever you do for the least of these, you do to me." Thus, to justice is added mercy. From a religious perspective, those who have been ill-treated by society or by national mores deserve even better care than those who have not. St. Augustine's theological definition of justice, "to each according to his need," means that those in greater need of care should have more available.

There is a second point about the class instance norm. Professional obligations of justice and fairness do not address the deeper need of human beings to be loved as individuals. People want to be loved for their singularity, not because they belong to the race. As W. H. Auden

says in his poem "Sept. 1, 1939," there is an "error bred in the bones of each woman and each man." What is that error? A craving not to be loved universally "but to be loved alone." Religion does not consider this desire an "error." Persons are to be respected not only through equitable treatment but by individual love for the qualities they portray. Indeed, the well-being of patients is often impeded by a lack of this individualized compassion.

Religious concern for the imbalance inherent in the physician-patient relationship also transcends professional obligations. Seneca explains the role of love in the clinical relationship:

Why is it that I owe something more to my physician and my teacher, and yet do not complete the payment of what is due to them? Because from being physician and teacher they become friends, and we are under an obligation to them, not because of their skill, which they sell, but because of their kind and friendly goodwill.

If, therefore, a physician does nothing more than feel my pulse and put me on the list of those whom he visits on his rounds, instructing me what to do and what to avoid without any personal feeling, I owe him nothing more than his fee, because he does not see me as a friend but as a client. . . .

Why then are we so much indebted to these men? Not because what they have sold us is worth more than we paid for it, but because they have contributed something to us personally. A physician who gave me more attention than was necessary, because he was afraid for me, not for his professional reputation; who was not content to indicate remedies, but also applied them; who sat at my bedside among my anxious friends and hurried to me at times of crisis; for whom no service was too burdensome, none too distasteful to perform; who was indifferent to my moans; to whom, although a host of others sent for him, I was always his chief concern; who took time for the others only when my illness permitted him.

Such a man has placed me under an obligation, not so much as a physician but as a friend.<sup>20</sup>

Finally, the professional obligation to do no harm can be strengthened by a religious perspective, which goes beyond mere physical health. From a religious perspective, the well-being of patients requires genuine love of the patient as a person. Greater sympathy with the common condition of humankind, attention to family relationships, and the virtues of kindness, mercy, and charity result. Other needs besides just the physical are addressed.

The contrast between professional obligations and their religious affirmation can be understood by comparing the ways in which the prayer of Maimonides, a Jewish physician and philosopher in the Middle Ages, differs from the Oath of Hippocrates. The Oath clearly states professional obligations to individuals. But the Prayer of Maimonides moves beyond this professionalism to a profound sense of common humanity under the Father, to the religious task of healing as a work of God, and to love as the bond with patients:

I begin once more my daily work. Be Thou with me, Almighty, Father of Mercy, in all my efforts to heal the sick. For without thee, man is but a helpless creature. Grant that I may be filled with love for my art and for my fellow man. May the thirst for gain and the desire for fame be from my heart. For these are the enemies of Pity and the ministers of Hate. Grant that I may be able to devote myself body and soul to the children who suffer from pain.

Preserve my strength, that I may be able to restore the strength of the rich and the poor, the good and the bad, the friend and the foe. Let me see in the sufferer the man alone. When wiser men teach me, let me be humble to learn; for the mind of man is so puny, and the art of healing is so vast. But when fools are ready to advise me or find fault with me, let me not listen to their folly. Let me be intent upon one thing, O Father of Mercy, to be always merciful to thy suffering children.

May there never rise in me the notion that I know enough, but give me strength and leisure and zeal to enlarge my knowledge. Our work is great, and the mind of man presses forward forever. Thou hast chosen me in thy grace, to watch over the life and death of thy creatures. I am about to fulfill my duties. Guide me in this immense work so that it may be of avail.

The sacramental character of individual persons then, reinforces the norms of the healing profession by introducing love as the primary reason for promoting the well-being of human beings.

A close examination of the role of humanism in patient care, particularly the requirements to respect persons, can lead to setting the future goals of religious-sponsored health care institutions. Among the goals and standards already proposed by The Catholic Health Association, several deserve special attention in light of respect for persons.<sup>21</sup> First is that a Catholic healing organization must be committed to healing, especially by respecting each person's autonomy and providing hope to the weary. Second, in light of the imbalanced relationship of healing, the Catholic hospital must place special emphasis on justice for and love of the patient by working for the well-being of whole persons, whatever their religious convictions. Finally, the requirement of treating each person as an embodiment of the human race means that economic and organizational efficiency, however important, must not interfere with providing better care for the disenfranchised.

Because God loves each individual, each person's life is sacred. Catholic health care institutions must take absolute care to affirm and foster this sacredness. For a religious hospital, healing means not only curing but extending God's love to His creatures.

## REFERENCES

1. See Ivan Illich, *Medical Nemesis* (New York: Bantam Books, 1977).
2. The oath of Hindu physicians.
3. The Hippocratic Oath.
4. This universalism was especially evident in Zoroastrianism and Judaism. Among Jewish prophets, Second Isaiah is generally regarded as the first to formulate a universalism based upon a theology of creation.

5. Lain-Entralgo, Pedro, *Doctor and Patient* (New York: McGraw-Hill, 1969).
6. The Greek relationship was described as one of friendship, the Christian as one of love, and the contemporary as one of comradeship. All of these presuppose respect for persons.
7. Kant, Immanuel, *Metaphysical Foundations of Morals*, ed. by C. J. Friedrich (New York: Modern Library Edition, 1965), pp. 140-187; R. S. Downie and Elizabeth Telfer, *Respect for Persons* (New York: Schocken, 1970), pp. 13-37. The authors argue that respect for persons in the Kantian formulation is the basic principle of all ethical theory.
8. Mill, John Stuart, *On Liberty*, ed. by C. V. Shields (Indianapolis: Bobbs-Merrill, 1956), pp. 114 ff.
9. Edmund D. Pellegrino, M.D. describes a way in which a new code of morality for the professions may be developed from the norms for clinical practice, both in a book-length manuscript co-authored with me and entitled "A Philosophical Basis of Medical Practice," in preparation at Oxford University Press, and in his "Toward a Reconstruction of Medical Morality," *Journal of Medicine and Philosophy*, March, 1979, pp. 32-56.
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11. National Commission for the Protection of Human Subjects, *Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*, DHEW Publication No. OS 78-0012 (Washington, D.C.: DHEW, 1978), pp. 4-5
12. *Ibid.*, p. 6.
13. Capron, Alexander, "Informed Consent in Catastrophic Disease Research and Treatment," reprinted in *Ethical Issues in Modern Medicine*, ed. by Hunt and Arras (Palo Alto, Calif., Mayfield Publishing Co., 1977), pp. 253-264.
14. See, for example, a study on labor induction done by Bradford Gray and reported in his *Human Subjects in Medical Experimentation* (New York: Wiley, 1975), pp. 202-234.
15. Edmund D. Pellegrino, M.D. and I have tried to develop these norms for clinical practice from a philosophy of medical practice, a development differing from the one posed in this article.
16. Kudlein has illustrated how this norm was considered a general guideline for civic behavior during the Greek period. See "Medical Ethics and Popular Ethics in Greece and Rome," *Clio Medica*, 5, 1976, pp. 91-121. However, the use of this norm was part of the general context of *philia*, or friendship, prevailing as the explanation of the bond between physician and patient. See Lain-Entralgo, pp. 17-22.
17. Ramsey, Paul, *Patient as Person* (New Haven: Yale University Press, 1970), pp. 17-32.
18. These norms can also follow from a philosophy of medicine. See footnote 15.
19. To consider respect for persons as an end of human action, it is important to realize that a value is placed on persons for the qualities they portray. See Downie and Telfer, pp. 13-19.
20. Seneca, *De beneficiis*, VI, p. 16.
21. Catholic Health Association, The, *Evaluative Criteria for Catholic Health Care Facilities* (St. Louis: Catholic Health Assoc., 1979).