

November 1981

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Recommended Citation

Maestri, William F. (1981) "Values and Value Dilemmas in Pharmacology: A Theological Perspective," *The Linacre Quarterly*: Vol. 48: No. 4, Article 6.

Available at: <http://epublications.marquette.edu/lnq/vol48/iss4/6>

Values and Value Dilemmas in Pharmacology: A Theological Perspective

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Education and the Pharmacist

No institution in our society has been so severely criticized in recent times as that of education. No institution has had more expected of it, except perhaps the family, than education. The rising voices of discontent have grown louder to the degree that we have committed our money and resources. We are spending more and enjoying it less. The health care establishment and its educational structure have not escaped such critique. In fact, health care and education to some are the twin angels who have fallen from grace. Often we only shake our heads and wonder how could it all have gone so badly.

We need to ask: Why is there such vocal discontent in the land concerning education, and in particular the education of our health care personnel? Perhaps it is a sign of the times, reflective of general dissatisfaction with our institutions. Maybe the disillusionment is being overplayed by the media or humanists who feel uncomfortable on the sidelines. Yet much of the criticism of the health professions is internal. That is, the prophetic word of judgment is being pronounced by the guardians *inside* the Holy of Holies. None has said it so eloquently as Dr. Rex Fendall:

If I were asked to compose an epitaph on medicine throughout the twentieth century, it would read: brilliant in its discoveries, superb in its technological breakthrough, but woefully inept in its application to the most basic in need. Medicine will be judged not on its vast and rapid accumulation of knowledge per se, but on its trusteeship of that knowledge.

We are now experienced, and all that remains is the problem of translating what is common knowledge and routine medicine, and hence practice, to the other two-thirds of the world. The implementation gap must be closed.¹

Many would add to Dr. Fendall's comment the editorial insight that the health care professions have been found wanting in their trusteeship of knowledge.

To an extent I share the general feeling of dissatisfaction with the education and performance of the health professions. However, I think it grossly unfair to place the total blame at the feet of our modern medicine men. A large share of the present mood is to be found in the expectations of society. I will have much more to say about this later. Suffice it to say now, that society has enshrined the health professions with an aura of the sacred. The elevation to such heights often causes a loss of balance, and results in an equally long, downward plunge. Such a descent is certainly well underway.

The Spanish-American philosopher George Santayana often warned of the danger inherent in ignoring history. Such a danger could also mean that history offers the lessons for healing and reconciliation. Before making specific comments toward education and the pharmacist, it would be helpful for us to revisit a place and time that might offer some healing insight for our present situation. Specifically, I would like to return to the classical Greek period, and the place is Plato's *Republic*.²

The possibility for man to be what he is, that is a human being, necessitated his participation in the life of the *polis*, or state. The state itself was the result of the various arts woven together in such a way as to aim for the Good. The result was that man had to come to the *polis* to realize his human potential, which also meant he had to become involved in the arts. The arts were divided into two general, but inter-related, sections: the specific arts such as medicine which only a few would develop, and the moral art which was the concern of everyone. The specific arts were built upon the moral arts. So, for example, the physician must not only be proficient in the art of healing, but he was also expected to be above all a human being of character who practiced the medical art.

The arts, moral and specific, are developed through discipline or practice. Such practice involves three dimensions: the productive, protective, and directive. Any art is involved in the bringing forth of a product. The means of producing the product must be protected against decay and quackery. Finally, each art is responsible for guiding the product toward its proper use or end. The pharmacist is entrusted with the pharmaceutical art, which produces a drug. The means of production must be safeguarded against those who would use substandard materials and against impurities that could become lethal. Also, the pharmacist is responsible for seeing that the product is used for its proper end — the health of the patient.

The pharmacist must not only become expert in the specific pharmaceutical art. He or she must also develop the moral art of being human. This art comes from the threefold practice and discipline just mentioned. The pharmacist is a human being who happens to be a pharmacist, not a pharmacist who happens to be a human being. Therefore in the moral art of human being there is the productive aspect which calls for *temperance* or balance in human living. One must know one's limits. *Courage* is essential in the protection of the self in its struggle to attain character. Finally, the end or the good of human being and living comes through the virtue of *wisdom*. These three virtues — temperance, courage and wisdom — are present in every person who has developed the art of living a human life. Regardless of the specialized art, one must first and foremost be a human being.

It is in the educational institution that the Greeks placed the responsibility for developing the art of human being. Education, itself an art, is charged with the task of training people for the examined life. Society will only survive and grow to the extent that the art of living is fostered and valued. The primary concern of education is the art of living life in an authentically human way. In addition, the specific arts themselves are enriched by having human beings schooled in temperance, courage, and wisdom.

Fundamental Issue Was Self

The fundamental issue that concerned Greek education was the self. What kind of self have I brought to my fellows in the *polis* was always the issue. When one ventured to the Oracle of Delphi in search of wisdom, the expression "Know thyself" said it all. Self-knowledge is the height of human wisdom. And such wisdom only comes to those who gain insight through discipline and struggle. The art of human living and self-knowledge is a lifelong process that constantly demands self-examination. If the price of freedom is eternal vigilance, the truly human self is obtained at no less a price.

How does one come to such insight into the self? Plato reminds us that physical discipline and training form the body in a graceful way. Such discipline and training are healthful only when one knows the limits and conditions of his own body. Otherwise sickness and even death can result. It is the same for the soul or self. The discipline and training needed to mature the self, Socrates called the dialectic. This method of self-discovery is based on the soul in conversation with itself and others. The dialectic is the radical questioning of the beliefs, wisdom, and truths to which the self lays claim. These are often taken

for granted and must be re-examined; and at times discarded. Such refutation makes it possible for insight into the permanent and necessary aspect of human being. The insight gained becomes a guide for maturity. The result is we become the philosopher-beings of ourselves. Not only do we possess the power to rule, but more importantly, we are now in possession of the wisdom.

The possibilities of this Greek view of education, art, and human being for today's training of health care personnel in general, and pharmacists in particular, are extremely rich. In the process of selection, actual training, and continuing education, the Greek insights speak to us. Those who are entrusted with the responsibility of selecting candidates for pharmacy training need to be sensitive to the moral arts. Concern must be expressed not merely for grades and average, but also for the type of human being selected for training. Questions of character, moral sensitivity, and aptitude for human living ought to be of concern to boards of admission. This means that those who occupy the positions of selection, need themselves to be people of insight and wisdom.

The curriculum that structures the training of our pharmacists needs to undergo constant and critical evaluation, from voices inside and outside the profession. Such a statement is not meant to be decisive. The moral arts and the specific arts can and do work together. What is needed is greater commitment and balance in the curriculum to ethical issues. In addition, throughout their training, pharmacists should be encouraged to reflect on the type of human being who is developing, as well as the type of pharmacist. To be sure, there are encouraging signs as more schools of pharmacy include courses and seminars in ethics. But such concerns should be part of the everyday activities of the pharmacist-to-be. Also, the importance of the Code of Ethics developed by the American Association of Colleges of Pharmacy cannot be overstressed. Herbert Ratner, M.D., a former president of the National Federation of Catholic Physicians' Guilds, eloquently expressed the need for such codes.

Man's natural striving for vitality results in the medical profession. Without adhering to its end — the promotion, perfection and protection of life and health to which the living are ordained; without a code of ethics and an oath that conform to this end and are determined by this end, and without an organization that protects medicine and its independence from social assaults and its integrity from the transgressions of its wayward members, the learned and liberal profession of medicine will no longer be the dedicated servant of the individual patient, but the dutiful instrument of the state.³

We must be concerned not only about the selection process of future pharmacists and the curricula that structure present training, but also about the need for continuing education and moral development. There is a need for constant improvement and insight into the

moral and specific arts. It would seem advisable to have requirements concerning continuing education. Post-graduate seminars in the latest developments of the pharmaceutical arts are essential. Also, the attendance of seminars dealing with ethical and moral issues confronting the profession should require attendance. The return to one's school of pharmacy should be more than the annual alumni banquet. One should return for renewal and refreshment of vision and purpose.

Before concluding this section, I would like to make reference to T. Fulop's provocative insights concerning education in the health professions. Fulop is a medical and academic doctor who directs the Health Manpower Division of the World Health Organization.⁴ Dr. Fulop suggests that the training of health care professionals undergo four changes. First there should be greater relevance in addressing the needs of the community. Training cannot be totally future oriented, but must deal with present needs. Secondly, the curriculum should reflect a greater concern for the social and cultural needs and values of those whom the professional serves. Thirdly, there should be a greater flexibility on the part of the health care educational structure to meet the needs, talents, and backgrounds of students. Respect for difference is not just for the future pharmacist, but should be practiced by admissions boards and faculties. And finally, there should be encouragement of more general practice within the health professions, such as the encouragement of the family druggist as a valued member of the community. Over-specialization in the health professions has often produced alienation within and outside the health field. Attempts must be made to integrate the various health professionals within the community. Such integration will provide valuable experience and feedback to those responsible for healing.

I shall end this section with a specific theological point, which I hope will not prove to be irrelevant. Education, art, the development of character, and issues of self-knowledge will always be answered in an incomplete way. The Socratic dialectic may lead to human insight, but the limitations and imperfections still remain. As repugnant as this word is to modern ears, I must bring forward the symbol of sin. By sin I mean man's general condition of alienation from God, self, neighbor, and creation. Such alienation or sin reminds us that our efforts are always partial and tainted by ego and pride. Our institutions, and the state in general, are imperfect as well. No amount of money, education, or sheer will is going to usher in the "new man" in the "new city." In bringing sin into the discussion I bring to bear at the same time the symbols of redemption and eschatological hope.

The Christian symbol system tells us that man is the being who lives in a world caught in tension — the tension between the future lure of the kingdom of God, and the partial presence of that kingdom or rule. Man, by the death and resurrection of Christ, is a citizen of heaven.

But at present he lives "East of Eden." He is in an existential tension between present incompleteness and hope of future perfection. Such a tension can easily lead to despair or quietism in that man can see no reason for his efforts in helping to prepare God's reign. To follow such a course is the zenith of moral irresponsibility.

Man-in-the-world is called to a life of responsible participation. Man is the steward to himself, his neighbor and the creation. This is a stewardship that demands he render an account. The theological virtue of hope is essential for such a life. Hope is our faith in the present thrust toward the future. Hope allows one to struggle with present imperfections, limitations, and weaknesses, knowing that God's word and grace is the gerund of our present work. We strive to build a better and more humane world. Such striving is inflamed by the theological virtue of charity or love. In effect, those who work for a just and merciful society, which the health professions certainly do, need the gifts of faith, hope and the greatest of these, love.

The Pharmacist and Social Responsibility

There is a magic fate that awaits all Prometheans past, present, and future. The contemporary variety is not adorned with wings, but with white coats. The fiery end is still the same. The tragic fire that is at work consuming many of the health care professions is the erosion of confidence and respect. Many voice complaints about impersonal care, a lack of justice in distribution of resources, and inferior care given to those who cannot afford to pay. Those in the health care profession are often seen as mercenary, selling health to the highest bidder. In effect, the physician or the pharmacist becomes an integral part of the marketplace mentality engaged in the production-consumption motif of which health is the commodity. One can buy health as one now buys toothpaste, food, or a car. Given the condition of most teeth, the nutritional value of the food we eat, and the reliability of cars we drive, one can only shudder as to the quality of health care we intend to purchase. Such perception of the health care professions, real or unfounded, has resulted from two main sources: the loss of vision as to the end or goal of health care, and secondly, unrealistic expectations on the part of society, especially in the area of drug usage.

Authentic Health Care

The end or goal of medicine, and the vocation of those in health care professions, has met with much confusion. A collective social wisdom grounded in ethical values seems to be absent. As Scripture reminds, "Where there is not vision in the land, the people perish."

Such a lifegiving vision seems to be absent in the profession concerned with life. Leon Kass addresses this issue in his usual insightful way: "If medicine is not clear about its end or goal it is just a powerful means. The doctor is just a technician for hire—selling his service upon demand." The application can be made to the art of pharmacy. Unless the pharmacist is clear about the moral and artistic ends of the profession, he, too, becomes a technician or peddler of drugs. He, too, will become a seller of services to the highest bidder. In the end, the Marxian prophecy rings true. Without a vision of the end, the result is alienation. The pharmacist becomes a stranger to his art, and ultimately to himself.

Let me be clear about this point: the end or goal of the pharmaceutical art is the quality-making and ethical use and distribution of drugs. Of primary concern is the health of the patient. Health is not happiness, conformity, or immortality, but essentially *wholeness*. Such wholeness is the result of an anthropology which sees man as a unity of matter and spirit. The fragmentation of man is present in Platonic Greek philosophy, but the Bible is a testimony to the wholeness of man. The "abolition of man" or fragmentation has become acute in our own epoch. The natural and social sciences have their particular perspective on man, but we have yet to form a coherent image of man. Our individual insights about the creature who is a "little less than the angels" has multiplied, but a coherent vision into what is man still eludes us. This fragmentation of man turns him into an object of study or experimentation, but not of awe and wonder. Man as object of experimentation is easy prey to violence. That is, man in his wholeness is ignored, and only those relevant aspects of some scientific or technological imperative concern us.⁵ Such violence is all too easily rationalized under the slogans of "scientific integrity," "academic freedom," or the imperative of technological progress. The need to safeguard and promote the wholeness and healthful functioning of man is of special concern in the field of psychopharmacology. Donald M. Gallant, M.D., and Robert Force, LL.M., of the Tulane medical and law schools, have carefully addressed these concerns.⁶ Their work deserves a hearing by those in pharmacy professions.

There was a time, hopefully not beyond recall, when knowledge was not just power, but also an exercise of virtue. The good pharmacist is the virtuous pharmacist. His knowledge is directed to the wholeness, health, and harmony of the patient. If virtue is the habit of doing the good, then each time the pharmacist practices his art in light of wholeness, he also is made whole and develops a character of integrity. To avoid such a union of knowledge and virtue is to invite the prophetic word of Prof. Edward G. Ballard: "For when knowledge is no longer seen as a way to virtue but rather as the way to power over nature, and when man himself becomes understood as an object

within nature, then man falls prey to his own exploitative knowledge. He tends to become an element in the social and industrial mechanism."⁷

Realistic Expectations

The story is told that on one occasion, Pope Urban II was proceeding through the streets when someone cried out, "It is Pope Urban. It is God. It is God." Urban was reported to have said to an aide, "A bit of an exaggeration. But it does sound nice." In our own time it would be all too easy to substitute a health care professional in such a story. Those who wear white coats are venerated as gods. Done enough, we become addicted to the nice sound of those words. We become mesmerized as if an ancient hypnotic trance, induced by the siren, was leading us to our destruction. Only clear vision and temperance can save us.

There is no more valuable service our health professionals in general, and pharmacists in particular, could render than to educate themselves and the public to realistic expectations. This process of education would call for the demythologization of the entire health establishment.⁸ Humility, which is at the heart of truth, is essential. Allow me to suggest just three initial correctives.

1) As mentioned previously, the public needs to be better educated concerning what health *is*, and what health *is not*. Until we come to some consensus, both within and outside the profession, confusion and unrealistic demands will abound.

2) There is a real need to correct the perception that health is a commodity for purchase. It is part of the "hidden persuasion" of our consumer society that regardless of lifestyle, medicine can rescue us. If we know the right doctor or druggist and shell out enough money, health will be ours. It does not matter that I don't exercise, I eat too much, I smoke, I drink. I *know* there must be a prescription in the store in a black bag for me. Health does not involve discipline, but greenbacks.

3) This last preliminary corrective may prove to be the most difficult to realize. It is the call to share the power and responsibility for health care. There is an urgent need for the patient to become a partner in health care. The patient must be encouraged to question and take seriously the doctor-patient and pharmacist-patient relationship. Too often the insights and feelings of the patient are ignored and deemed meaningless. Everything becomes secondary to the reign of technology and the collection of quantifiable data. In such an atmosphere, the patient learns quickly not to ask or contribute, but simply to endure and, of course, to pay.

The need for active participation by the patient is especially necessary in the area of drug usage. We come to expect drugs to live up to their name — miracle — and to produce wonders. When relief isn't instant and total, and when we do not feel 10 years younger, we are upset and feel cheated. The pharmacist's role in educating the public to the realistic use and expectations of drugs is invaluable. The pharmacist can function as the "reality principle" to balance and correct our infantile expectations and demands. In the long run, the pharmacist would not be less valued in the community, but more valued. The pharmacist can bring the truth that can set people free.

Postscript

We have traveled some distance in this essay. However, length of distance is no guarantee that one has reached the Emerald City, much less the New Jerusalem. In fact, the preceding pages may have only served to further muddy the situation. I shall have to rely on the reader's good judgment, not to mention his charity, for a final verdict. The purpose of this essay has been modest — to examine the profession of pharmacy and speak an occasional theological word. If such a word has provoked some response, positively or negatively, and prompted a question here and there, then the effort of its composition will have been worthwhile.

Perhaps it is out of some misplaced loyalty, but I feel the necessity to end with a theological word. There is much talk today, and such talk will only grow more persistent in the future, concerning human liberation. If liberation is not a complete reality, it certainly is an idea whose time has come. Yet we cannot help but be aware of how much slavery and inhumanity is advanced in the name of human liberation. The most dramatic examples are present each day in the political sphere. In the name of liberation and high ideals, murder and violence become the standard method of operation. In the name of correcting or achieving some injustice or collective aspiration, the means of terrorism and anarchy are justified. From such a perspective, there are only two kinds of people — those with us and those against us. There are no such things as innocent victims, or if there are, they must be the necessary sacrifice to achieve liberation. It is events such as these which make us realize that evil is never so effective as when done for good ends. In effect, the proclaiming of good ends must be so loud as to drown out the voices which tell us to examine the means.

Less dramatic, but no less real, forms of manipulation and slavery are lurking in the profession of pharmacy. Many today, in our drug-oriented society, go about seeking liberation from various mental states and physical conditions. Depression, sleeplessness, and excessive weight are answered by the magic of a pill. Such pharmaceutical

answers too often give the impression that they are *the* answers to every problem. We become psychologically and socially dependent on the drug to liberate us, and allow us to get through another day. Once again there is a confusion about the *good*, freedom, as well as the means.

Authentic freedom is not the ability to do this or that thing. Real freedom is the ability, within limits, to develop the self. Such development and realization of talents need the active support of the community. The issue of freedom is always the issue of the self — what kind of person am I to become? Those in positions of trust and authority (certainly the pharmacist would qualify) need to be concerned about maximizing freedom. Education and the fostering of partnership in health care would serve as essential first steps.

The theologian's perspective would want to add that lasting liberation comes from God. The real enemies of man are pride, egoism, and lovelessness, in a word — *sin*. The ultimate liberation of man and the world has begun in Jesus, and will be completed by the grace of God in the coming kingdom. Until the time of complete liberation we groan and struggle. God has spoken His definitive Word in Jesus the Christ. Such a Word invites us to hope, and work for that final liberation of which the Book of Revelation speaks:

Then I saw a new heavens and a new earth. The former heavens and the former earth had passed away, and the sea was no longer. . . . He shall wipe away every tear from their eyes, and there shall be no more death or mourning, crying out or pain, for the former world has passed away (Rev. 21:1,4).

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