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PROF. ALBERT BAGOOD

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A Reflection on Vulnerability in Bioethics

Prof. Stéphane Bauzon
State University Tor Vergata (Rome)
Pontifical University Saint Thomas-Angelicum (Rome)

Introduction:

The human being can be exceptional and frightening at the same time. Being exceptional and frightening is what the Ancient Greek used to indicate with a single adjective, *deinos*. A word that can be translated as: 'the consequence of being skilful'. Current medical skill can really be perceived as exceptional or frightening. The application of new medical biotechnologies brings about many immense ethical challenges that old medical deontology can barely contemplate. A method of questioning the application of medical biotechnologies in order to cope with human vulnerability has emerged: one such undertaking is termed 'Bioethics'.

The term '*Bioethics*' comprises a much broader subject matter than solely medical deontology. Bioethics deals with the *complexity of human* life **(1)** from a medical and ethical perspective. The rise of new biomedical biotechnologies (after the discovery of DNA in 1956 or the first baby born through medically assisted procreation in 1979, for instance) has provoked *new issues in medicine* that the Hippocratic Oath's deontology is not able to tackle thoroughly **(1.1)** due to the even harder difficulties to give a medical or philosophical *definition* to human life **(1.2).** The *vulnerability* of human life has become an important concept in order to understand bioethics as a whole and the *relationship* between the medical doctor and the physician in particular **(2).** Vulnerability is a general concept that characterizes human condition, especially when the human person is ill or injured. It is opportune to seek a definition of vulnerability in bioethics looking in the physician's *responsibility* towards the patient **(2.1).** Delving into the discourse about medical vulnerability, we often find reflections about paternalism in medicine. The paternalist metaphor is certainly an old fashioned way to describe medical attitude but it can nevertheless be restored. At least, paternalism is to be

taken back in so far as it combines respect for the patient's autonomy and responsibility. More than *paternalism*, it is better to speak about a parental metaphor which acknowledges the power of the medical doctor and makes him obey article 8 of the Universal Declaration of Bioethics and Human Rights (UNESCO, 2005): *"in applying and advancing scientific knowledge, medical practice and associated technologies, human vulnerability should be taken into account."* All the same, the paternalist attitude of the physician is to be combined with a *maternal behaviour* to create a *parentalist* conduct that allies *cure and care* in the *covenant* that any medical doctor makes with the patient **(2.2).** The relationship between the physician and the patient can be defined as a contract according the civil law; nevertheless it is a covenant whose nature goes beyond a mere relationship between a provider of services and a client: human life is at stake here! The vulnerability of the ill person(s) is to be compared with no other human situation but childhood.

The defence of the human vulnerability in our age of medical biotechnology obliges a rethinking of the relationship between the physician and the patient that put the cure and the care (through a parental metaphor) at its core. These are the main points that we will develop in this reflection on vulnerability in bioethics.

1) Bioethics: a Questioning upon the Complexity of Human Life

Bioethics is not in itself an academic discipline but it stands at a crossroad of many disciplines which try to assess the ethical challenges laid down by medical biotechnologies. Biotechnologies can be defined as the amount of all the useful techniques made in order to re-pattern life. In a even more emblematic way, it is to mention that a recent major scientific breakthrough in our way of re-patterning life; the discovery of DNA by Francis Crick and James Watson in 1953 that has made medicine enter the new era of genetics!

1.1) The Birth of Bioethics and the Rise of Medical Biotechnologies

Bioethics is a recent word named in the wake of the incredible progress of medicine after World War II. Many of us have heard about Van Rensselaer Potter's book *Bioethics: a Bridge to the Future* (1971). And many people know that Van Rensselaer Potter coined the word 'Bioethics' in an article published in 1970, but little people pay sufficient attention to the shrewd definition he made of bioethics as a "*science of survival*". After fostering great hopes, the quick development of biotechnologies - that can be illustrated by a period of time starting with Pasteur's first vaccine (1879) up to the sequencing of human genome (2001) and on - has contributed also to widespread fears. Medical biotechnologies have profoundly altered the relationship between the physician and the patient. Certainly enough, we find it remarkable through the eradication of many epidemics (even AIDS is no longer so fatal) or the improvement of the health condition of the population (life expectancy has now reached 100 years!). Seemingly, the incessant therapeutic feats of surgeons (just think about organ transplantations) are all generally celebrated as manifest victories. Medical progress and new medical biotechnologies have freed many humans from their primary biological fears. One can get hurt or drink some filthy water without the risk of dying (at least in the developed part of the world). The pattern of human body has never been so well known. Never in the past have the human body's malfunctions been so correctly detected and restored to their optimum working condition. Never has the final destruction of our human body been so much removed in time, in our thoughts and discussions. *Brave New World*! That is what we are all tempted to say after witnessing these amazing breakthroughs of medicine and biology. However, after reading Aldous Huxley's book, we all know that we have to worry about any *Brave New World*...We ought to find marvellous the advent of medical biotechnologies. Nevertheless, we all feel that we have to be worried since human life is much liable to be reduced to a mere

thing in the power of medical biotechnologies. How can we live on that medical-biotech risk? This is precisely the question of bioethics; it is about staying alive thanks to marvellous biotechnologies and all the same about surviving dreadful biotechnological applications.

Bioethics tells physicians one major ethical principle which is not substantially different from the old Hippocratic Oath: any human being is a person entitled to live. Conversely, human life must never be reduced to a thing to use and abuse with medical biotechnologies. Human life is complex; no thorough ethical, legal or scientific definition can be pronounced about human life least to limit it to just one of human components. As it is known, the epistemology of medical biotechnologies is based on the single analysis of human components from the organ to the cell; the human body is sort of 'chopped up' in medicine to be understood better. Ethically speaking, another method needs to be developed. At least, it is admitted that the mystery of human life refuses the reign of univocity. Any definition of personhood, either based on medicine, on law or philosophy on has to accept the epistemological limitation inherent to one's method of investigation. Any conclusion is the consequence of the method chosen; another method (or starting point) would have produced another definition of personhood. Any definition of human life tends to encapsulate personhood into a system (i.e. a series of determinate criterions) which isolates in the person's life what is important to one system and, consequently, neglects other aspect of the person's life.

1.2) The Impossible Bioethical Endeavour to Define Human Life

Bioethics tells us that human life is a mystery that that any specific definition skimps and mutilates[1]. The use of the word 'mystery' does not imply to neglect definitions. It means to bear in mind the complexity of human life and not to forget the tendencies of narcissism of any endeavour to confine human life into a system, a whole, an axiom. No reasoning speech will ever be able to set principles that define human life thoroughly. This complexity can be illustrated by the Greek language that uses different words to refer to life. This linguistic example can help us see what we intend when we talk about life. In Greek, *Bios* means life. We know that 'morality of life' could be a way of defining 'bio-ethics'. The description of one's life is named a 'bio-graphy'. In Ancient Greek, *Bios* is a life that has a birth and a death. Still, the *Bios* is more than the flesh, the organic living which is said *Soma* in Greek. In this sense, human life is a *Bios* that cannot be reduced to the living body, the *Soma*. Humanity is a type of life on Earth, this kind of life is named *Zoé* in Greek. *Zoé* is to be found in the etymology of a word like 'zoology' which is the description of the different kind of life. *Zoé* is also present in each human life in the sense that each human life participates to the vitality that moves life on earth. Any human life is intrinsically part of *Zoé,* the achievement of one's human life is his/her degree of participation to mankind. However, the essence of being human remains out of human reason's reach since only God/*Zeus* can do it. Being fully human is a research that any human life is entitled to. Even if this research never accomplishes what it set out to find, our being human reflects our mankind in our existence. The human soul, or *Psyché* in Greek, consents us to be anima-ted, to act as human in our life through the *Psyché.* In sum, Human life is a quest for holding together our *Soma, Bios, Psyché and Zoé*: our life is incarnated in our body (*Soma*), is experienced in our feelings(*Bios*), is animated in our mind (*Psyché),* is achieving all our potentiality of Human (*Zoé*). Still, we fail to apprehend many of these different goals/definitions of human life. Like any ethical insight, bioethics has to undertake the difficult understanding of our being human. Bioethics deals with the frailty of our body (*Soma*). Any medical diagnosis or treatment is also to be grounded into the frame of an individual living (*Bios*). A physician has to go

[1] Stéphane Bauzon, *La personne biojuridique*, Paris, PUF, 2006

beyond the survey of somatic symptoms and even our individual expectations; a medical doctor ought to fetch also what constitutes our being human as a mind/soul (*Psyché*) that marks and leads our human life to the full blossoming of our being part of Mankind (*Zoé*). This linguistic example consents to see better the complexity of human life. Perhaps the way of naming 'life' could have been achieved in other languages or with other Greek words, but we intend with these four Greek words to isolate some aspects of human life and human vulnerability. Our body can be destroyed, our existence can be a distress, our mind can get lost and our human dignity be compromised.

The tenuousness of existence is dreadful, particularly during these periods of time in which our existence is marked by specific anguished weaknesses. We do not want to feel weak, we want full investment for our being in any moment of our life in order to take profit of life as much and as long as we can. Our life expectancy is the real time, the only time that is worth something. Such ideas are quite common in secular societies in which Christians hope for life after death is so often scorned. Nowadays in many places of the world, human life is considered just as a series of stages, a series of periods of time that lead us to a point of no return: our death. Our existence is punctuated by diseases but our life is no longer perceived as a sickness that death will heal (as it used to be for Socrates in the *Phaedo* for example). Death is annihilation! In this scheme, our body (*Soma)* is the core of medical attention. Our mind (*Psyché*) is directed only towards our existence (*Bios*) and no longer our soul (*Psyché*) looks for eternal life *(Zoé)*. The Catholic paradigm of human life becomes then meaningless in current secular societies. The vulnerability of our body focuses all our attention. Certainly enough, no one would criticize the attention given in medicine for good cures. Every honest person wishes the sick to be healed. But we have to notice that the mainstream in bioethics today is to emphasise the pain due to human body's vulnerability and never to speak about something else that human life as a body life. Life as *Zoé* has been removed and life as *Psyché* tends to be reduced to our desires, our feelings, and our neurons: *Psyché* has become a part of *Soma*. Everything in life is our body, nothing exists out of it. Since our body is so vulnerable, we shall not neglect the finitude of existence. There is an ethical urge for protecting human beings from all the weaknesses that may have during their existence's period of times[2].

2) The Relation between the Physician and the Patient: curing and caring for the vulnerable

The vulnerability of our life happens to be quite obvious to us each time we get injured or ill. An injured or sick person looks for help, and a patient expects to be helped by a medical doctor just the way a child expects to be helped by her parents. However, it is fair to criticise the common paternalism in medicine that used to occur in the early XX ° century. Once, a physician would not listen to the patient and scientific or professional profit was too often looked for by physicians as the first thing to strive for. As a whole, the old paternalism it is not to be restored because it did not take seriously the patient's autonomy. However, still at that time, a medical doctor who accepted the Hippocratic Oath knew that the good of the patient is paramount in all of the interests. For this reason, some positive aspects of the old paternalism in medicine could be examined. Indeed, the responsibility of the Father is similar in many ways to the responsibility of the physician. Both of them reckon upon the future. Furthermore, a medical doctor more than ever must think on a medical world dominated by biotechnology. Along with the paternal metaphor, time has now come to join a maternal image to understand the bioethics of the relationship physician/patient. The nature of the

[2] About the vulnerability of the soul and bioethics, see [illegible] PUF, 2011.

Mother is to care for the child, and naturally any physician ought to care for the patient whose sickness unveils the particular vulnerability. As we can see, if there is no point in infantilizing the patient, on the contrary it is pertinent to underline the fact that there is a natural parallelism between the relationship parents/child and the relationship medical doctor/ patient. Undoubtedly, a period of times stressed by vulnerability is childhood[3]. In our view, the parental attitude is the symbolic reference that the current physician should up hold.

2.1) The Responsibility of the Father compared with the Role of the Physician

Childhood is a time of human existence in which everything appears to fragile, to be liable to succumb under any attack; all elements that defines the Latin word *vulnerare*. The body (*Soma*) of the child is weak, his mind (*Psyché*) is fragile, his existence (*Bios*) is still to be realized and his vital dignity (*Zoé*) has to grow. Just like children, sick people have to be protected from any abuse. In order to be judged as good parents, genitors must be responsible and be caring for their off spring. It is a fair expectation to ask the same thing to physicians when they treat patients. To focus a moment on the responsibility of the father in a family (the so called 'paternalism'), it impacts our mind of the vulnerability of the child and his/her dependence upon the father's decision. Certainly, the patriarchal family is always limited. In our case, there is no doubt that the nature of power a physician has is of course different from the power of the father. But both have the same objective: to fulfil all the missing aspects of the vulnerability for his/her sake. As a child can't process all information about life, a patient can't process all medical knowledge. This lack of information processing is a good way to screen the vulnerability of a sick person.

A physician always ask first to the patient 'what is wrong ''; the wrongness being understood in the sense 'what is missing for having the patient fell good?'. The answer to the question involves some kind of limitation on the freedom or autonomy of the patient, mainly due to the patient's lack of medical knowledge. Nevertheless, the patient in his/her answering physician's questions cooperates with him to clear out what is the missing point to be fulfilled. Curing the patient implies cooperation with him/her. The will of the patient is also to be respected in so far as it helps understanding how to cure the patient. The cooperation between the medical doctor and the patient is a important way not only to overcome a limitation to the sick or injured body but also in order to take into account all that can be known and can motivate the patient to be cured and healed. Here again, we can see that the clinical approach is not limited to the body (*Soma*) but integrates the mind (*Psyché*) of a particular individual (*Bios*). The missing point to be discovered in this cooperation is well illustrated in the German language. This missing element is to be discovered by the physician through questioning his/her patient: "*Was fehlt mir eigentlich? What are you missing?*". What is missing to be in good health is the medical measure to be set by the medical doctor. This cooperation by the physician/patient is realized through analysing the body and the mind. A

[3] Of course, it is to say that there is a double vulnerability when it comes to deal with sick children. The ethics involved in paediatrics cases is quite peculiar due to that double vulnerability. Nowadays, it is no longer based on a view that reduces the child either as a 'small grown-up' (which is an oxymoron) or to give all the power to the parents. While protecting the child is no longer a matter of ethical discussion; the Childs vulnerability is the question that needs to be answered. For instance, a shared ethical conviction is that the child should not work but study as much as it is possible. Child labour is considered exploitative by many of us, and when child labour turns out to be appropriate there is always a minimum age under which we find unfair to have child labour. Clearly enough, the younger children are, the most fragile they are and furthermore children should not work but study and play. In our modern ethical views, we do not accept to define children like adult in miniature - and we all know what this idea owes to Jean-Jacques Rousseau's book, *Emile*.

medical doctor is not to investigate only the patient's body. Certainly, a great part of the medical ability is to screen the physical causes that harm the patient's health. This medical know-how is to be praised, but it is to be shared with the patient to some extent as well. Not that the power of medical doctor is to be understood thoroughly by the patient. It is more a matter of exploiting all information to inform the patient with as well as to convince the patient that the medical know-how is to cure him/her. If the physician neglects the particularity of the patient's sickness or disease and just focus on the medical know-how and body symptoms, the physician is then taking action but he/she is not actually completing a therapy! Such attitude is typical of the old paternalistic one. It is to say that the paternalistic attitude of the physician is identified when: 1) the physician applies his/her medical know-how to the body (*Soma*) of the patient as a research of cause/effect 2) the medical doctor does not inform and listen to the patient about his/her medical condition. If we look at this attitude closely, it is wrong to say that the patient is treated as a child. Such an opinion is incorrect! Indeed, a father takes care of his child, he listens to his child and he knows he has to convince the child of what he is doing for the sake itself of the child. Actually, if we mind correctly the so-called paternalistic attitude of a medical doctor, we should conclude that the adjective 'paternalistic' is improper: this attitude of the medical doctor is a 'veterinarian' attitude! Animals don't talk and a veterinarian has to cure them through an observation of their reactions and symptoms in order to understand what is missing in its health. A father does not treat his child like an animal least to be named an unnatural father! An unconscious patient does not talk either. But his medical doctor cannot expect direct help from him/her, but often relatives can cooperate with the physician to tell what was wrong. And, hopefully enough, the patient is likely to get his/her conscience back and communicate with the physician. The capacity of respecting the humanity (*Zoé*) of the patient is violated each time he/she is not informed by the physician. A veterinarian action to cure animals looks just for the body (*Soma*) meanwhile the medical therapy is to obtain as much as information from the patient (*bios-psyché*) in order to understand better not only what is wrong (missing) but also to motivate him-her to be cured and rehabilitated. This not only a question of profit (to enhance the understanding of the medical situation and improving chances of healing) but also to respect human life! The cooperation between the patient and the physician is done trough words and mutual recognition. The lack of cooperation is not only a lack of chance but an offense to human life. The physician is responsible in a sense for a patient's vulnerability the way the father is responsible for his child's vulnerability. A physician is supposed to help the patient make the choices for his/her own good. In both case (the child or the patient) they cannot have enough strength of will as well as the sharpness of mind required to take the right decision. It is not the competency of this discussion to advocate for banning patient's autonomy but to persuade the patient that the physician's therapy is always aimed to cure. It is not a strong mandate that the physician holds, but a way to skew the patient's decisions without infringing greatly on freedom of choice. The physician ought to avoid the potential for the patient to be harmed, just like what a father would do for the child.

A father has to look for the protection of the most vulnerable or the most threatened in the family. The natural father's imperative of responsibility has influenced Hans Jonas's philosophy[4]. Jonas says and repeats that the model of any ethical responsibility is the one which is held by a family father towards his children. In a clear cut manner, Jonas has often declared that his ethics is in direct contradiction with the philosophy of Immanuel Kant. Jonas brings about harsh criticism against the abstraction of Kant's axiom such as his well known maxim: "*Act only according to that maxim whereby you can at the same time will that it*

[4] Hans Jonas, *The Imperative of Responsibility, : In Search of an Ethics for the Technological Age*, (1979), University Of Chicago Press , 1985.

should become a universal law[5] . Jonas does not ground moral action upon moral law but in the call for the good in itself. The ethics of responsibility results in an imperative inherent to human existence: protecting human life. The ultimate beneficence (or good in itself) is incarnated (*bios*) in the life (*soma and psyche*); it cannot be deducted from deontological maxim or abstract guidelines. According to Jonas, the sense of beneficence is a sign of fatherhood and it deals with all the aftermath that one takes with his responsible for another (just like a father does with his child). As a result, autonomy is part of the relationship between the physician and the patient but it is not so essential. Actually, 'being cured' is the essence of relationship physician/patient. The nature of 'being cured' obliges the patient to have a medical doctor and the latter is responsible for the good of the former. The nature of the 'being cured' comes first. There is no absolutistic attitude in letting the physician worry and act for the patient's good. At the same time, the cooperation with the patient becomes a genuine therapeutic covenant only when the physician not only hears the patient but realize the patient's good. The nature of the relationship is understood *in concreto* and conversely it cannot be based upon an abstraction of the patient's vulnerability. Curing the patient is not to be summarized into a mere procedural approach. The physician does not deny the patient's right to make his/her own decisions, but avoid the patient to be mistaken from some standpoint. Physicians are like fathers who to treat their patients as simply means to their own good, rather than as ends in themselves. In order to achieve the good of the ill, the physician does not hold only the figure of the father but he/she has to assume the figure of the mother who cares for the child.

2.2) The 'caring for' of the Mother and 'Parentalism' as the Ethics of the Physician

The bioethics of the medical relationship is also based on the physician's caring for the vulnerability of the patient! Caring for the child is an attribute of the mother. As it was theorized by Nel Noddings[6], the ethics of care is peculiar to the nature of the mother but it is overall a human value. Thus, a male physician can care for the patient just as a female physician can be responsible of the patient. Caring for the patient implies giving the kind of beneficence a mother has for her off spring. It means emphasizing empathy and compassion in the relationship between the physician and the patient. In a correct bioethical attitude, a physician has to be responsible for the best cures and to care for the patient. Carol Gilligan[7] defines the ethics of care as the capacity to have an ethical attitude from moral experience. One may object that a foundation of ethics based only on experience is liable to fall into the trap of relativism. The argument is correct but the risk accepting a value merely on what has been experienced and retained as such can be avoided. Experience in the caring for the patient does not come alone but always with an ethics of responsibility that look for the good of the patient. We are in front of the parental paradigm: father and mother's figure do not walk side by side but they act together. The father /physician's responsibility of 'curing' and the mother/ physician's of 'caring' have to be put all together as the patient/child expects to be cured and cared at the same time! The parental attitude forges the nature of the medical relationship and it lives up to the challenge of medical vulnerability. Parents help one another, they do not overlook the intrinsic frailty of their children and they promote the sake of the child by all means. The parental metaphor is to stir the medical doctor's attitude. Endorsing a parental attitude towards the patient stands for an ethical understanding that each medical situation

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6 Immanuel Kant, *Groundwork of the Metaphysic of Morals*, (1785), 3 ed, Indianapolis, Hackett, 1993, p.30.
Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education*, Berkeley, Univ. California
7 Press, 1984
Carol Gilligan, *In a Different Voice. Psychological Theory and Women's Development*, Cambridge, Harvard Univ. Press, 1982

calls a set of responses outside any generalization. The physician's search for the patient's good[8] reflects the degree of cure and care for the patient's vulnerability. A sick person is like a child. There is nothing wrong in making the such a comparison as long as the patient's autonomy is combined with the physician's parental attitude. A parental attitude triggers values that show up before any idea of duty. It provokes spontaneously a binding attitude directed to the good of the vulnerable. A parental attitude turns out to be indispensible to found a medical ethics that cure and care for the patient. We are not here facing a medical deontology but an ontological defence of life; each time life is under attack (or vulnerable) the parental attitude strives for life.

Fighting for the patient's life signifies to perceive the effective human vulnerability of the patient. Robert Speamann's concept[9] of an universality of benevolence can be used here to explain the parental ethics of the physician with the patient. The medical covenant between the medical doctor and the patient is much more than a contract, it comes first to be an *ordo amori,* a constitution of the physician-patient relationship itself. 'Being cured and curing'/'Being cared and caring' are ontological fundaments before being decisions. Clinician's care is symbolised by a compassionate presence and it goes along with the responsibility to cure; both constitute a promise that the patient's healing will always be the central focus. The physician has the technological strength to be responsible for his/her medical act. Certainly, an obvious observation is that the clinician-patient relationship has a built-in asymmetry due to the technical knowledge of the medical doctor. Still, the physician ought to have empathy to care really for the patient. The ill are vulnerable by nature and they must trust that the medical provider will use his/her advanced knowledge and technical skill to heal. Trust and healing are the direct implications for legitimating a parental attitude in the context of health care, specifically in relation to consent to treatment. A refusal to cure can always be made and a genuine informed consent is always to be received by the patient. Nevertheless, the promotion of the self cannot be understood in terms of absolute autonomy[10] since the vulnerability of the ill person is certainly not to comprehend thoroughly their medical situation. As a result, the patient cannot impose or reject the physician but rely on the medical doctor to be cared and cured. Besides, not everything is open to bargaining with the physician. The patient can negotiate but it cannot deny the physician to cure and care for human life. Doing so would against nature, just like it is against nature to ask parents not to be responsible and taking care of their children.

Conclusion:

It is almost impossible to give one or a sole foundational principle of bioethics. Indeed, as we said before, the mystery of the human person, the polysemy of the word 'life' and the complexity of medical science cannot allow us to work just with deontological axioms in the field of bioethics. Trying to formulate the nature of the physician-patient relationship will

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[8] Edmund Pellegrino and David Thomasma, *For the Patient's Good: The Restoration of Beneficence in Health Care*, New York, Oxford University Press, 1988.

[9] *"The paradigm of acting from benevolence is any action by which we come to the help of human life which requires this help"* Robert Speamann , *Happiness and Benevolence*, Notre Dame, University of Notre Dame Press, 2000, p. 104

[10] By absolute autonomy we means Mill's definition of liberty:"*.....the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant. He cannot rightfully be compelled to do or forbear because it will be better for him to do so, because it will make him happier, because, in the opinion of others to do so would be wise, or even right*". John Stuart Mill, *On Liberty, (1859),* Harmondsworth, Penguin, 1982, p 68.

always fall in the traps of abstraction, into the delusion of an unattainable perfect word. The vulnerability of the ill is always to be medically understood within a specific situation; taking seriously the vulnerability of the patient should make him be cautious of the guidelines that happen to be attractive to some medical practitioners. The abstraction of the old medical deontology is helpful but it says little in practise; for instance, even if we insisted on the concept of beneficence saying that it is oriented exclusively to the end of healing, the specific medical situation is such that the concept will not work out automatically. The thesis is still too vague when it comes to interpret it in practical medicine. Physicians' hands are tied to the single benefit of healing but they have to use their hand according to the medical situation they face. It is an illusion, even a delusion, to believe that general moral principal (deontology) or guidelines can automatically demonstrate what is ethically good in such or such medical case. Only a strong sense of responsibility and genuine caring for the patient is a ethical manner to take seriously the vulnerability of the ill.

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