



Perspective/Opinion

The Doctor with a Golden Heart

By Sabena Y. Jameel, MD, PhD

In this essay, our colleague from across the “pond” at University of Birmingham (UK) and lead author of [Ethics and the Good Doctor: Character in the Professional Domain](#), shares her insights on virtue-based approaches to professional formation in medicine over the course of her PhD dissertation work in Practical Wisdom ...

“I knew a doctor who was honest, but gentle with his honesty, and was loving, but careful with his love, who was disciplined without being rigid, and right without a stain of arrogance, who was self-questioning without self-doubt, introspective and reflective and in the same moment, decisive, who was strong, hard, adamant, but all those things laced with tenderness and understanding, a doctor who worshipped his calling without worshipping himself, who was busy beyond belief, but who had the time – time to smile, to chat, to touch the shoulder and take the hand, and who had time enough for death as well as life”

-Michael A LaCombe MD

I have laminated this quote and put it in my consultation room. I came across it in 2013 when I started my PhD which took biographies of empirically derived wise doctors. This aspirational quote inspires me, it inspires my patients too and we often divert from the clinical presentation to a conversation about good doctors. I have shared it with medical educators, and they too see something beautiful within it.

During my research I wanted to learn what constitutes a wise doctor, in the hope it can inform the future of medical education. I knew wise doctors existed, but the media focus was always on doctor mis-endeavour and failing healthcare systems. The profession itself would focus attention on unprofessionalism and minimum standards and competencies. This is on a background of medicine moving from being person- centred and interactional, to customer-centred, commercialised, and transactional. Medicine, in my humble opinion, has become *demoralised*. Doctors are losing the grip they had on being a trusted profession and we need to act before it is too late.

What about excellence? What about doctors who are flourishing? How do we envisage *remoralising* medicine? I felt looking at wisdom was inherently more helpful than the medical education focus on knowledge acquisition; a place where assessment drives learning, and knowledge is power. To this day we live with the language hangover of the enlightenment period where technical rationality describes knowledge and technical expertise as *hard skills* and describes metacognitive knowledge as *soft*. What if those soft skills were in fact the most important skills? In medicine knowledge progresses rapidly and the *ability to learn and contextually apply* is more important than the actual facts.

Where do you begin when you want to take on *wisdom*? Philosophers and psychologists have deliberated on this for centuries, and I am no intellectual heavyweight. I became an affiliate PhD student at the Jubilee Centre for Character and Virtues (University of Birmingham), it is a centre that prolifically explores Aristotelian virtue ethics in education and professional practise. My *remoralization* exploration in Medicine began with looking at virtue ethics and the concepts of practical wisdom (*phronesis*), flourishing (*eudaimonia*) and purpose (*telos*). These concepts are underpinned by a moral orientation towards good. *Phronesis* is an intellectual virtue that is considered a master virtue, it adjudicates when values come into conflict. Many authors have concluded that the work of a doctor aligns well with the term *phronesis*. In simple terms it means doing the right thing, at the right time, for the right person, for the right reason.

In modern times, it is the work of [Alasdair MacIntyre](#) (1981) and [Pellegrino and Thomasma](#) (1993) that kick started a revival in virtue ethics in Medicine. It still has a long way to go because it must battle with the deeply entrenched rules-based ethical frameworks that underpin current healthcare provision (deontology, utilitarianism, and libertarianism). Working with rules and maxims is easy because it lends itself to a checklist which you will be benchmarked, and performance managed against, thus demonstrating efficiency. Working with virtue, values and opinions is fraught with bias and pluralism, that's why most people steer clear. Virtue is not easily measurable. Love is not easily measurable. The most important things in life cannot be measured.

Another manifestation of rules hijacking the agenda is in the term *professionalism*. I have the exciting role of being medical professionalism lead in a large UK medical school. One of the first things I need to do is address preconceptions. When I ask medical colleagues and doctors in training what the word evokes, they think of the professional regulators and describe them like *the police* or *the mafia*. It appears to be quite an oppressive word which has lost its moral orientation. We (medical educators who are passionate that care and compassion should be central to professional practice) need to reclaim the word. During my PhD journey I came across definitions where professionalism is defined as "*a trust generating promise*" and as "*the morality of medicine*". Some authors are using the term *phronesis* synonymously with professionalism and I can see why. Let us reframe and reclaim the word for our learners and for the future of medicine.

So, I embarked on wading through the philosophy, psychology and educational theory and commenced empirical work on wisdom exemplars in Medicine. It became clear the best way to convey the lived life, thinking habits and motivations of wise doctors was through

narrative. Engaging stories that can orientate our own lives, as we reflect whilst we read. I use these stories in teaching sessions with medical students and practising doctors. We reflect on the common characteristics of wisdom exemplars looking to see what qualities we have and what we can work on. A strong sense of personal agency, a comfort in dealing with uncertainty, open mindedness, intellectual humility, and a love of community were a few of the 34 constituents that came out in my work. The biggest contrast between the high scoring wisdom exemplars and the low scoring doctors appeared to be related to dealing with uncertainty.

Does medical school equip us to deal with uncertainty? Medical education predominantly operates using a positivist educational framework where certainty and objectivity is the gold standard. We need to shift to more constructivist models where multiple truths can be held in the mind. Aristotle speaks of a *golden mean* where extremes are vices and the mid-point is the virtue e.g., compassion would lie at the mean between indulgence and aloofness, courage would lie between rashness and cowardliness. This balance can be seen in the opening quote by LaCombe.

Aristotle proposed that phronesis (practical wisdom) is the path to eudaimonia (flourishing), my research confirmed this, but more work needs to be done. We need wisdom now more than ever. If we can make space in the curriculum, and in our organisational cultures (hidden curriculum) then maybe we get a step closer to the doctor with a golden heart, putting character and caring at the centre of professional practise.

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