

EDUCATION AND TRAINING

A virtuous framework for professional reflection

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ABSTRACT

Reflection on professional practice (either individually or in dialogue with peers or seniors) will often focus on doctors' skills. This approach emphasises compliance and competence. This paper suggests that an alternative and useful lens for professional reflection and development can be drawn from the framework of virtue ethics to encourage consideration of the ultimate purpose of medicine, and the character or virtues needed to be a good doctor. This alternative approach supports doctors to reflect on and develop their virtues, including practical wisdom, which orchestrates the doctor's skills and virtues. This emphasis on purpose and character within professional reflection promotes excellence, rather than just competency, and engages with what motivated most doctors to enter medicine.

KEYWORDS: professional practice, reflection, virtue ethics, *phronesis*, *telos*

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Background

When reflecting on professional practice, it is important to have an understanding of what it means to be a professional. In the medical profession this enables an individual to assess themselves against expectations, and to develop themselves in a range of complex and diverse settings.

At present such reflection is often based on compliance with guidelines or regulations drawn up by professional bodies. This has three consequences. The first is that it assesses (and so promotes) competence in professional behaviour rather than excellence. The second is that people find ways of 'gaming the system' rather than developing professionalism. Finally, this approach reduces professional behaviour to rules which may be unclear, conflicting and not applicable to a variety of situations.

Professions are often understood as having particular characteristics; for example a systematic body of knowledge, independence of judgement and autonomy and adherence to a

code of ethics.^{1,2} Often these features are held as totemic, and can be fiercely defended to the detriment of the professional's clients. For example, the autonomy of doctors can be used to obstruct reasonable managerial practices, or wider team inclusion.

An alternative model for understanding professions, and for reflection on professional practice, is found in virtue ethics.^{3,4} Virtue ethics was the dominant way ethics was thought about in the West up to the Age of the Enlightenment, when other approaches (such as deontology and consequentialism) came to dominate.⁵ This model forms the basis of this article which suggests that considering the purposes of medicine, and the character needed to achieve them, is as important as competency and rules. It argues that virtue ethics provides an invaluable framework for reflecting on the professional practice of doctors; reflection which can be supported by dialogue with fellow doctors, managers, healthcare professionals and patients.

This approach requires consideration of the moral purposes of a profession, including its ultimate aim (*telos*). It then considers the character needed to reach that *telos*, in terms both of the virtues (character traits) and how those virtues are orchestrated. The *telos* unites both practical and moral elements; you cannot be a 'good doctor' without providing the right (technically correct) treatments and exhibiting the right (ethically correct) traits.

Telos

Understanding the '*telos*' of the medical profession is a first step. Exploring a doctor's *telos* provides an understanding of why and what they are doing; specifically an understanding of how that profession helps others in society to flourish or thrive.³ Thus the *telos* of medicine might be summarised as 'to help people flourish by enabling them to optimise their health'.

This phrase is deceptively simple, yet contains many things that need unpacking. For example, is it possible that flourishing is not always enhanced by improving health? Who or what are the people and health that doctor feels responsible for? Both practical and moral dimensions are relevant; technically brilliant doctors whose patients do not flourish are not achieving their *telos*.

Consideration of their *telos* can allow a doctor to integrate their professional practice and wider behaviours such as social/political campaigning or academic research into their professional behaviour. For example, social issues, poor housing, alleviation of poverty, climate change or cost of living may be integral to their *telos* of ensuring that the people under their care flourish through improved health.⁶ However, if a doctor's concern for social justice or the environment is not connected to improving flourishing through

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health then, while they may be acting as good members of society, they are arguably not acting *qua* doctor. These issues may be particularly important for doctors in managerial or political roles, understanding how and if these roles support their medical *telos*.

How the *telos* is interpreted will depend in part on the medical discipline, the role and the ambitions of the individual. An understanding of *telos* can be used to frame discussions about professional practice. Is a particular procedure (such as cosmetic surgery) enhancing flourishing through improved health? Or is there a better way to achieve the same goal, for example by improving the patient's self-esteem?

The practice of medicine, as with any occupation or profession, results in benefit not only to the clients (patients), but to the professional themselves. Such benefits can be divided into two categories: internal or external goods.⁵ Internal goods derive from the *telos* of the profession, and relate to the fulfilment obtained by the accomplished performance of that practice. External goods relate to benefits that can be achieved equally elsewhere, for example status and money. This is seen in other practices; an international athlete may derive riches and recognition through their sport, but should also obtain internal goods through the skilled and engaged practice of a worthwhile activity. The loss of balance between internal and external goods can result in loss of joy or direction in one's professional life which should be considered in any reflective framework.

Virtues

Virtues can be thought of as character traits of a person. They are not static, and can be developed or lost over time. A virtue is more than an action, it encompasses a state of mind (being generous is more than giving money to people). In a virtue perspective, a professional should cultivate those virtues that enable them to reach to their *telos*. Philosophical thought since Plato has often stressed 4 cardinal virtues; justice, temperance, courage and practical wisdom. However, there are no universal agreed lists of virtues, as they are dependent on time and context.⁵

It is possible to reflect on medical professional practice using the cardinal virtues. Justice is thought about as being fair, and doctors should bear in mind distributive fairness. Justice also is concerned with 'rendering what is due to others', and a doctor with a well-developed sense of justice will seek to ensure that their patient's needs and wants are considered. Justice also requires consideration of others involved in the healthcare system; those in the team and indeed different disciplines and organisations. When doctors fail to make difficult decisions (for example around DNACPR) they burden others with that duty and cause unnecessary work, emotional stress and professional risk to others in the team. They fail to show them justice.

Temperance is the virtue of self-control or self-regulation. This is a central virtue for doctors, allowing them to decide when to intervene and when not to. This is the virtue that controls the impulse to perform supra-heroic surgery, or make 'instinctive' decisions without due consideration. It requires respecting and understanding others (colleagues' and patients' views).

Courage is key to any role involving decisions. Doctors need courage to listen to others, have challenging conversations, make difficult decisions and undertake complex procedures.

Practical wisdom or *phronesis* more than any other virtue differentiates the good doctor from the competent. *Phronesis* is the balancing and orchestrating of the virtues, allowing a doctor

to judge the right level to calibrate each virtue in order to best achieve their *telos*.⁷ In medicine it encompasses their technical skills, but is more than a learned technique or knowledge. Practical wisdom allows medical professionals to deploy their technical skills appropriately, including when (and when not) to use a technique. A competent doctor knows how to perform CPR, a wise doctor knows when not to perform it. This judgement can be more difficult when the doctor's situation is causing burnout and chronic stress.

In a regulatory rules-based framework, most professional reflection concentrates on whether a doctor is competent in a particular technique, rather than on whether a doctor knows when and how to deploy their learned knowledge. Developing and reflecting on *phronesis* in clinical situations can help drive a constant learning and improvement of knowledge and technical skills.

A key concept of Aristotle is that each virtue should be held at a golden mean appropriate to the situation.⁸ Deficiency or excess of any one virtue leads to poor professional practice. To take the example of courage: too much courage can be dangerous in a doctor – they will undertake procedures that they are not equipped to do. Equally cowardice can lead to others being forced to make their hard decisions. The mean will change depending on the context. A surgeon's virtue of courage will be in the fore during an operation, but more balanced with other virtues when reviewing imaging or as part of a multidisciplinary discussion. Reflecting on contrasting situations helps a good doctor develop their virtues.

Other virtues

We have used the example of the four cardinal virtues, developed in a particular time and culture (for elite males). However, there is no agreed list of virtues. A different approach is to reflect on what virtues are useful for medical practice. One study, using tools derived from positive psychology,⁹ suggested that the key character strengths of a doctor are fairness, honesty, judgment, kindness, leadership and teamwork.¹⁰ However, many items on this list are more similar to skills or competencies (leadership, teamwork), which depend upon but are not in themselves virtues.

We would suggest that one key trait of a good medical professional is clinical curiosity, which drives a doctor to ask questions about their patient, their strengths, their context and their disease with a view to understanding how best to maximise the health and flourishing of their patient. It has been suggested that doctors with high levels of curiosity are rated highly by fellow professionals (for example when referring family members).¹¹

Conclusions

The use of a virtue framework for professional reflection offers a different lens to those based on skills and competencies (Box 1). Existing frameworks help judge competency at procedures, but do not address character. Clearly it is important to assess whether a surgeon or physician are competent at a task. However, most of the issues that have arisen in recent years in the NHS have had little to do with lack of technical skills, but have had at their heart issues related to culture and behaviour, which are driven by the character of doctors and other healthcare professionals. It is by changing these that patient care will improve. Acknowledging this would impact on medical training, including selection, curriculum and assessment. The construct of virtues in no way diminishes the need for knowledge and technical skill, however virtues may hold the key to understanding what elevates competence to being a 'good doctor'.¹²

Box 1. The use of this approach in professional reflection

Doctors face different clinical and professional situations on which they need to reflect. In this box we consider as an example one clinical situation and how this framework might be used. However, this can be readily adapted for different disciplines and settings.

An oncologist's patient is diagnosed with stage 4 metastatic cancer. There are no treatment options that result in medium- or long-term benefit. However, the patient wants to have the 'latest' therapy.

How might I achieve my purpose as a medical professional?

The doctor might reflect on what they do in light of their purpose and check that they are working to that purpose, rather than some secondary or false purpose.

- > What does 'health' and 'flourishing' mean for me and, more importantly, for this patient? In this example this might involve considering whether health is about a full life or a long life.
- > Am I working to enable this patient to achieve the best health possible, or am I chasing some other goal (such as self-esteem, reputation, or avoiding distress)?
- > Is there a better way to achieve this purpose than the approach I am taking?
- > Am I being the best doctor possible for this patient?

How can I exercise my virtues appropriately?

The medical professional could look at the four virtues of courage, temperance, justice and wisdom, and reflect on what they can mean in this situation, and whether they are exercising them appropriately (at the right time, in the right way and to the right extent).

- > Am I being appropriately courageous when I am having conversations with the patient, their family and other clinicians involved in their care? In this case, a courageous conversation would be discussing the reality of the situation (from both the doctor's and patient's point of view), rather than avoiding distress.
- > Am I using the available resources (time and money) in a way that is just? For example, it would not be just to use an expensive treatment that is known to be ineffective simply because the patient 'wants something'.
- > Am I considering the patient's (and others, including the care team's) needs and wants? These may not be clinical needs, but include the need to be treated in a compassionate and dignified manner. This may require the doctor to spend time helping the patient understand and articulate their needs.
- > Am I in control of my emotions, desires and wants so that I am not doing things for the wrong reasons including for my own sake? A doctor might inappropriately promote a treatment option because it boosts their self-esteem and makes them feel capable of helping a patient in a difficult setting, rather than for any true benefit.
- > How am I using my wisdom to know when and how to exercise virtues and skills? The doctor is like musical conductor, bringing in skills and virtues at the right time and volume.

What other virtues should I be considering?

The classical list of four virtues can be supplemented by other character traits. The professional could reflect on whether there are others that they understand important for their professional behaviour. As discussed in the main text, clinical curiosity could be considered important.

- > Have I considered all aspects of this patient's condition and situation that might be relevant? Is there something unusual about the pathology, or does knowing more about their beliefs and values, help me achieve my purpose?
- > Is there knowledge (in the literature, or from a colleague) that I could find out that would help me?

Am I using my skills appropriately?

One of the roles of wisdom is to help the medical professional use their skills appropriately.

- > Am I using my training and skills to enable my patient to achieve as good a health as possible?
- > Should I have used a different approach in this situation?
- > What skills do I need to develop to improve my ability to be a good doctor for this (and future) patient?

Am I getting fulfilment as a doctor?

This question can be more relevant when a doctor is reflecting on their overall professional development, rather than a particular clinical situation. However, reflection on what fulfilment is achieved in a particular situation can be important in motivation and maintaining a sense of purpose.

- > What is it that I love about being a doctor?
- > What did I do well as a doctor in this setting?
- > Am I too focused on external goods (money, reputation etc.) that I have lost sight of the potential joy and fulfilment I can get from being a doctor?

Sociologists warn that professions can be a mechanism by which an occupation accumulates power and influence, either for the benefit of their clients (protecting standards) or for the

professionals themselves (by providing a monopoly and social status).¹³ Care must be taken to ensure that a virtue ethics view of professions is not misused to perpetuate inappropriate power

imbalances such as across multidisciplinary teams. Much of what has been written in this article applies to nurses, allied health professionals, psychologists, pharmacists and NHS managers as well as medical professionals. However, these professions are distinct. An understanding of the differences and commonalities between the *telos* and virtues of different healthcare professions could strengthen multidisciplinary working.

Reflection and discussion around the *telos* of a profession, the virtues that enable a doctor to achieve that *telos*, and the way in which practical wisdom is used to balance the virtues offers a framework that encourages good medicine, that is more than a collection of skills. The actions of institutions (including health providers, commissioners and professional bodies) can enhance and undermine the ability of professionals to develop their virtues appropriately and achieve their *telos*⁵. Their leaders should therefore reflect on the part they have to play in cultivating or undermining virtues.

One limitation of a virtue-based framework, certainly when compared to a more rule-based approach, is that it is not binary. Guidelines and regulations will still be needed to define a threshold of competency. However, regulations do not encourage excellence. Virtue ethics offers a framework for reflecting on poor decisions or undesirable outcomes with a view to understanding shortfalls in professionalism. A virtue-based framework for professional self-reflection can promote excellence and help doctors re-engage with the motivations that inspired them to study medicine. ■

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Declaration of interest

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