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Why 'Meaning' in Health Care?

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Medical ethics is a system of moral principles that applies values to the practice of clinical medicine and to scientific research. They are based on a set of values that professionals can refer to in the event that they are in conflict or are confused. The values include: beneficence, non-maleficence, autonomy, justice, veracity, dignity. The code of ethics is based on the understanding of the goals of medicine dating back to the 5th century B.C. and Hippocrates.

By 1847, the code of ethics was based greatly on Thomas Percival's work. He was an English physician-philosopher and wrote a code of medical ethics for hospitals in 1803. Hippocrates is important in the discussion of the meaning of meaning and the meaning of medical ethics, because he provided the drive to make the public understand that medicine was based on science and not on magical or religious activities that were used so often. Even so, those writings were put away and were not rediscovered until the Renaissance period in the early 16th century.

It was John Gregory, an 18th century physician and moralist, in Edinburgh who published his lectures in which he redefined medical humanism in the context of the Scottish Enlightenment of philosophers, such as David Hume. These writings opposed the work of Thomas Hobbes who's 'Leviathan' is considered by many as significant as the political writings of Plato, Aristotle, Locke, Rousseau, Kant, and Rawls. Gregory, like Hippocrates, wanted to set medicine apart and argued that medicine incorporated the ideal that physicians were empathetic and their practice was based on medical science.

The medical code of ethics is a living document, which means that it grows and evolves as new information is gained. The first edition came about in 1847. It did not change very much until 1903 when the language was updated. It was retitled to "Principles of Medical Ethics." It was again updated in 1949 and again in 1957. Minor changes were made in 1980. The 1957 version adopted a preamble along with 10 statements of core values and commitments. The Judicial Council was given the authority of interpreting the ethical Principles.

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Meaning of Meaning: How can this idea be defined? Seth Fontane Pennock, Co-founder of the Positive Psychology Program opined: "The question of meaning is not really one question but actually represents a cipher for a vast number of further questions. And it is by no means obvious whether these questions are answerable at all; neither do we know with any certainty into which area of expertise the responsibility for answering these questions fall." Positive psychology has grappled with this question and continues work on attempting to define it. They begin with the question: What meaning means in terms of the meaning of life?

Thomas Veatch argued that the philosophy of medicine changed medical ethics and traces thirty years to support his premise. Over the years, the core issues of philosophy included a stronger emergence of a more systematic and integrated thinking of the concept of medicine. During those years, bioethics was introduced and this brought about a change in thinking. In fact, the thoughts and opinions of bioethics changed dramatically over three decades.

More than a decade ago, John Duffy complained: "Modern medicine is currently confronting a crisis of meaning that is manifesting in a dispirited and demoralized profession." The search for meaning in medicine has been going on for decades and we can lean on Socrates for support and affirmation for his ideas. It is in palliative care that meaning can be found because the most important factor in this field is compassion. This connects people to the Socratic ideal as well as rethinking the ethics of experience.

The healer must be able to find meaning. We may not learn it from books, rather, learn it from experiences. It is through these kinds of experiences, that we find wisdom. We learn about the power of compassion through learning experiences. It is compassion and the capacity of empathy that lead to understanding meaning. To find meaning in their work, doctors need to experience the art of healing rather than falling back into the realm of scientific data. Further, as

stated already, it is palliative medicine that can provide the philosophical foundation for a wisdom that is capable of including the power that the scientific method brings. This is the ethics of experience.

Peel's writings on 'Human Rights and Medical Ethics' pointed out that contemporary bioethics is a collaboration of different experts including philosophers of different theoretical schools. The deontologists tend to use a rule-based theory that follows along with Kant's work. The other major school in the discussion is the utilitarian, which follows along after the works of Bentham and measures and judges actions according to the consequences of the acts (utilitarianism-consequentialism).

In the 1970s, the historic field of medical (bio)ethics changed into an interdisciplinary field that involved experts and persons from an array of professions, including lawyers, theologians, historians, social scientists and, of course, physicians and other health care professionals. Bioethics broadly draws its ethos from the fields of medicine, law, philosophy, theology, education, history, language, politics, and public policy. Its adopted branches of philosophy include epistemology, phenomenology, hermeneutics, axiology, metaphysics, logic, and aesthetics. The first major issue of discussion and debate was 'informed consent' and for that, ethicists brought in the ideas of Hippocrates and followers who were consequence-oriented like Kant. They also brought in liberal thinkers like that of Rousseau, Locke, Hobbes, and the founding fathers of the United States.

Bioethicists, as noted by Dell'Oro, attempted to seek a perspective that could sustain ethical discourse that attempted to address the value implication of technological developments in life sciences, in general, as well as in medicine, in particular. This perspective of meaning has a pluralistic character that encouraged anthropological interpretations in a theological manner. At the same time, the perspective was generally humanistic when it was not emphasizing nonreligious.

As we pursue the meaning of meaning and the meaning of medical ethics, it is worthwhile to think about Victor Frankl, a very famous Holocaust survivor. He was a Viennese doctor, psychiatrist and neurologist who developed the Logotherapy approach to therapy. His belief was that anyone can get through almost anything if they have meaning in their life or if they have a purpose. The "central concept of Logotherapy is meaning and the search for it in order to have the strength to surmount even the most difficult occurrences in life." He believes one of man's primary goals is to discover the meaning of existence. Frankl was very strong in his theory that the 'will to meaning' is a primary and universal human motivation. Sometimes, that motivation is not really conscious but it is there.

Fromm agreed and discussed the human's profound need for existential meaning. This was a unique theory in psychoanalysis and far from Freud's 'will for pleasure' and the 'will for power' as promoted by Adler and Nietzsche; although Nietzsche did say, "He who has a *Why* to live can bear almost any *How*." Frankl aptly quoted from Spinoza's 'Ethics' (*Ethica, Ordine Geometrico Demonstrata*): "Affectus, qui passio est, desinit esse passio simulatque eius claram et distinctam formam ideam" (Emotion, which is suffering, ceases to be suffering as soon as we form a clear and precise picture of it.)

Can Meaning Be Retrieved? At this point, many ethicists pass on those questions to other venues such as spiritual care persons, psychologists, or other agencies. Even so, clinical ethics continually attempt to answer these 'meaning' questions. Since clinical ethicists continue to attempt to answer the meaning questions, clinical ethicists become more knowledgeable and better prepared to opening the doors to many ideological confusions. In this process, these ethicists must be able to go past many ideological prejudices that are already embedded in the archeology of meaning. Clinical ethics must view medicine as a human practice. Clinical ethics must also act as a reminder of the ultimate nature of ethics in

medicine. It is an interpretation of moral experiences and moral values.

We know from mass communication sources that there are many, many medical errors made every day. Johns Hopkins (2016) reported that medical errors were now the third leading cause of death in the United States. More than 250,000 deaths each year are due to medical errors. The CDC reports thousands fewer but John Hopkins reports that the CDC does not classify medical errors separately on death certificates. This skews the count. People should not make a conclusion that all those doctors and healthcare personnel were bad. Still, this number is absurdly high and needs to be brought down to zero. If there were no code of ethics at all, there would be a lot more medical errors and wrong decisions made. Consider some of the principles of medical ethics. Clearly, ethics are necessary; they are critical in order to save man from himself.

According to Hobbes' philosophy, man is always in a constant struggle between his animal nature and his higher moral sense. The only way to control these struggles, according to Hobbes, is to construct social systems that will rein in man so that nurture wins over nature. Darwin's theories seem to support at least some of Hobbes' thoughts with its primary theory of the fittest will be the survivors. These ideas can be seen in some of the works of Huxley, Dawkins, and other philosophers and scientists who argue that ethics must not be established or founded on human nature because there is an "unbridgeable gap between the selfishness of our natural inclinations and the necessary selfishness of our moral duties." In other words, human intuition cannot be trusted. This means that it is not what people experience but what people construct in their minds that matters.

It has been noted by many observers that any philosophy must be capable of embracing change. Schlegel and Hegel stated the same thing, that is, there is not going back; there is no return to nature. It has been suggested that the answer for finding meaning and for constructing

an ethical code is dependent upon combining the Romantics' pre-rational approach with the Enlightenment schools' rational materialism. It was strongly recommended and it sounds good but like all philosophies, a strong voice in the future or a change in technology and society's thoughts of morals changes anything quickly.

If there were a suspension of meaning in medical ethics, the outcomes would assuredly be negative. We already know that there are more people of all ages harmed through medical care, including in hospitals and other facilities. Ethical codes require healthcare providers to report errors and to report all facts about the patient. Frankl also said that ethics were crucial for life and his self-transcendence model is practical because it came about from struggling with the "ethical challenges of how to be a decent human being" while under negative conditions in life: living with a sense of dignity and importance in this life even as people face massive abuse, death, and degradation and how to prevent people in power from becoming monsters like so many well-known devils. Frankl's response was: awaken the will to meaning to search for one's self-transcendence; practice the meaning mindset in order to find the truth, beauty, and goodness in all situations one faces in life; develop and cultivate personal responsibility to do the right thing in all those situations.

These things will lead to a good life, one that is calm and stable, and if one has a stable mental and emotional life, one will also have a good physical life. If all healthcare professionals adopted and engaged in those three activities, there would hardly need to be a code of medical ethics because those in the profession would already be acting ethically in every situation. Therefore, Frankl's model provides "a practical framework to live a virtuous life of ST [self-transcendence] with a philosophical foundation in virtue ethics." This may be the place to begin to retrieve medical ethics in a more useful format.

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