An Introduction

Edmund D. Pellegrino’s Project

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Framing a Collage of Fields

Bioethics and the medical humanities, especially their emergence in the latter part of the twentieth century, cannot be understood apart from Edmund D. Pellegrino. He shaped the character of these fields. He placed bioethics and health care policy within an innovative vision of the philosophy of medicine. He recognized that one cannot rightly appreciate the medical humanities, bioethics, the philosophy of medical law, and medical-moral theology unless one also understands the core of the philosophy of medicine: the internal morality and the telos of medicine. Pellegrino’s work compasses important explorations of the healing relationship, medicine as a profession, the patient’s good, the role of autonomy, the place of money, and the importance of a virtue-based normative ethics for health care. This volume offers a comprehensive vision of Pellegrino’s work. His work is important in its own right and because of the influence it has had and continues to have on the philosophy of medicine and bioethics.

This volume is composed of a critical selection from Pellegrino’s corpus. It is aimed at providing the student, the scholar, the physician, and
the educated inquirer with a rich presentation of fundamental issues in the reflective consideration of medicine. To date, these essays have been unavailable in one work. This collection integrates essays scattered among various journals spanning a period of over a quarter of a century. This Pellegrino Reader provides insight into the emergence of a field, as well as analyses of issues, including the definition of the philosophy of medicine, the role of humanism in medicine, and the place of a virtue ethics in medicine.

The essays explore the philosophy of medicine, the medical humanities, and bioethics. The order of the fields is important. Pellegrino’s work has been dedicated to showing that bioethics cannot be understood outside of the context of the medical humanities, and that the medical humanities cannot be understood outside of the context of the philosophy of medicine. Pellegrino correctly appreciates that bioethics should not be narrowly restricted to the usual fare of topics, ranging from abortion, third-party-assisted reproduction, physician-assisted suicide, and euthanasia, to genetic engineering, cloning, organ sales, and the allocation of medical resources. He appreciates that all of these issues are shaped by foundational views regarding the nature of the physician-patient relationship and the goals of medicine, all of which are the proper focus of the philosophy of medicine.

Autonomy, beneficence, non-maleficence, justice, solidarity, property rights, and vulnerability are set within a conceptual and value scaffolding that has structured medicine for millennia: medicine’s dedication to the good of the patient. Pellegrino takes seriously medicine as a practice that carries with it its own teleological commitments, internal morality, presuppositions regarding the nature and significance of the physician/patient relationship, views concerning the nature of the virtuous physician, and the prerequisites for human flourishing. Because of the implicit role played by understandings of human flourishing, of what it is as a human to live properly and fully, the medical humanities are essential to locating and giving content to bioethics. That is, a particular bioethics presupposes a particular understanding of that which is truly human, the core notion of the humanities. One’s view of what is normatively human, of what constitutes the humanum, lies at the roots of culture and morality. Concerns with the humanities bring together an interest in that which is most truly
human (i.e., humanissimus) and in what it is to act in the fullness of one's humanity (i.e., humaniter), as well as in those engagements in study (e.g., art, history, and literature) that aid one to appreciate that which is truly human. Because this area of scholarship discloses the hidden content and implicit presuppositions of bioethics, a bioethics is not understandable apart from the medical humanities. The humanities disclose the implicit assumptions regarding human flourishing that supply the taken-for-granted content of the ethics at the roots of bioethics.

Yet, the medical humanities themselves remain conceptually underdetermined and lack a critical self-consciousness absent the philosophy of medicine connecting them to the internal morality of medicine. This is to recognize that philosophy is not just one among the humanities, but the cardinal element of the humanities. Were it not for philosophy's critical reflection on the internal goals of medicine, the place and the significance of the other humanities would remain unarticulated. Hence, the role of the philosophy of medicine in laying out what is involved in human vulnerability and in the limits to human flourishing. All this has been understood by Pellegrino and is reflected in the essays collected in this volume. The essays offer the reader an opportunity to relocate the usual concerns of bioethics in terms of neglected, cardinal themes bearing on foundational concepts in virtue ethics and the philosophy of medicine.

The Third Humanism and the Medical Humanities:
The Significance of Pellegrino's Work

The essays in this volume are important in their own right: they are substantive contributions to the philosophy of medicine, medical humanities, and bioethics. They are also important in reflecting the work of a figure who made the medical humanities and bioethics possible. Along with Daniel Callahan, the founder of the Hastings Center, and André Hellegers, the first director of the Kennedy Institute, Edmund Pellegrino, through his work with the Institute on Human Values in Medicine and the Society for Health and Human Values, supported the development of medical humanities programs in medical schools across the United States. Many of these programs in the end gave their major accent to bioethics. However,
Pellegrino’s broader vision left an enduring mark that has generally given philosophy a prominence in such centers. The influence of his presence, his presentations, and his scholarship framed a broader appreciation of bioethics. Besides relocating bioethics in a wider context, Pellegrino helped lay out its roots in foundational issues within the philosophy of medicine. He accomplished this in particular through his role as the founding editor of the *Journal of Medicine and Philosophy*, a journal he directed to placing bioethics within the reflections of the philosophy of medicine.

Individuals and ideas change history. From the latter part of the nineteenth century there had been a hunger to place the growing power of the sciences and technologies within the context of the humanities. In the late nineteenth century and the first part of the twentieth century in the United States, there was the emergence of what came to be known as the New Humanism. It involved persons such as Irving Babbitt (1865–1933) and Paul E. More (1864–1937). The movement was in part a response to a sense of loss of meaning in the face of an industrial, urban, mass society increasingly structured by new technologies. An analogous phenomenon became salient in Europe in the first half of the twentieth century: the Third Humanism. This movement included such persons as Ernst Robert Curtius (1886–1956) and Werner Jaeger (1888–1961). The latter had at least some influence on Edmund Pellegrino. The New Humanism and the Third Humanism emerged quickly in the wake of the so-called Second Humanism, in which Friedrich Immanuel Niethammer (1766–1848) played an important role. It is no accident that the Second Humanism had taken shape following the Enlightenment, Napoleon’s self-crowning (December 2, 1804), and the secularization of Europe. In the face of profound developments in the sciences and technologies, as well as the emergence of new social structures after the Industrial Revolution, new cultural guidance was sought. Because the usual sources of guidance, in particular the church, were being progressively marginalized, a moral vacuum was created, engendering a hunger to find perspective.

This hunger for orientation was often passionate. There was a sense of a profound need for a cultural revival. As Curtius puts it, “If humanism is to live again in the second third of the twentieth century, it can only be a total humanism: one that is sensual and spiritual, philological and touched
by the muses, philosophical and artistic, pious and political, all in one.”6 Curtius’ plea was joined by such as Werner Jaeger, who raised a call to return to serious study of the humanities and to avoid the danger of a mass culture. He characterized the latter under the rubric “Americanization.” “The percentage of the population that has a truly internal share in the ancestral intellectual assets of our nation decreases from year to year as indicated by the factory-like mass production of popular science and the introduction of the cinema, radio, and pocket microscopes in the school.”7 There was a view that a return to the humanities would allow a connection with that which is most truly human. The humanities were understood as central to the possibility of human flourishing.

Directly and indirectly, Edmund Pellegrino should be counted as a major figure in the latter part of these humanist movements that arose in the late nineteenth and mid-twentieth centuries. His genius was to tie the humanities to medicine. Remarkably, this possibility and need were largely overlooked by Abraham Flexner, who made his name in spurring the medical educational reforms of early twentieth-century America.8 Flexner saw the general importance of the humanities, but was not able to connect them substantively to medicine. For example, in his 1928 Taylorian lecture, where he argues that true humanism must be distinguished from technical scholastic engagements in philology (a point made by Pellegrino in this volume), he also notes that “the assessment of values, in so far as human beings are affected, constitutes the unique burden of humanism.”9 A robust connection between the humanities and medicine is not achieved until it is realized by Pellegrino and others in the mid-twentieth century.10

There are a number of reasons one can advance for the special receptivity in America in the latter half of the twentieth century to acknowledging a connection between the humanities and medicine. Through a complex set of social developments, American society was secularized and the profession of medicine transformed from a guild to a trade, just as medicine became effective, expensive, and productive of major cultural and moral questions.11 Pellegrino had the genius to recognize and respond to the hunger for orientation that arose as traditional guides (wise physicians and moral theologians) were brought into question. His response was to reconnect medicine with the humanities, and the humanities with
medicine. As Pellegrino puts it “medicine is the most humane of sciences, the most empiric of arts, and the most scientific of humanities.” Pellegrino acted to bridge the cultural gulf separating the discourse of the humanities and the world of medicine.

Although Pellegrino emphasizes the importance of the medical humanities, he recognizes as well that many have held uncritical and unrealistic expectations regarding what the humanities can offer.

Medical humanism has achieved the status of a salvation theme, which can absolve the perceived “sins” of modern medicine. The list of those sins is long, varied, and often contradictory: overspecialization; technicism; overprofessionalization; insensitivity to personal and sociocultural values; too narrow a construal of the doctor’s role; too much “curing” rather than “caring”; not enough emphasis on prevention, patient participation, and patient education; too much science; not enough liberal arts; not enough behavioral science; too much economic incentive; a “trade school” mentality; insensitivity to the poor and socially disadvantaged; overmedicalization of everyday life; inhumane treatment of medical students; overwork by house staff; deficiencies in verbal and nonverbal communication.

Pellegrino’s strong commitment to the humanities is balanced with a critical appreciation of their limits and of the unjustified expectations of many concerning the possible contributions that the humanities can make to medicine. His ability to locate and appreciate reflectively the strengths and limitations of the humanities is undoubtedly rooted in his concerns for the philosophy of medicine as a grounding perspective.

The Collection: An Overview

This volume opens with an exploration of the philosophical foundations of medicine and the medical profession under the rubric “Toward a Philosophy of Medicine.” This section encompasses two areas. The first examines the philosophy of medicine. The three essays in the first subsection range from two that examine the conceptual foundations of the
field (“What the Philosophy of Medicine Is” and “Philosophy of Medicine: Should It Be Teleologically or Socially Construed?”) to one (“The Internal Morality of Clinical Medicine”) that gives special accent to the internal morality of medicine as defining medicine and therefore to a major focus of the philosophy of medicine. In the opening essay, Pellegrino draws a careful distinction among (1) philosophy and medicine (i.e., an examination of the relationship of philosophy and medicine in which each maintains its identity and is simply in dialogue with each other), (2) philosophy in medicine (i.e., an examination of philosophical issues that surface in medicine, ranging from logic and metaphysics to axiology and ethics, none of which is peculiar to medicine), (3) medical philosophy (i.e., informal reflection regarding the conduct of medicine, as for example views concerning appropriate styles of clinical practice), and (4) the philosophy of medicine (i.e., a philosophically critical reflection on the concepts, presuppositions, and method peculiar to medicine as medicine). By employing a historical overview and conceptual analysis of philosophy’s engagement with medicine, Pellegrino shows the integrity of the field, the philosophy of medicine. This he understands to be concerned with “the phenomena peculiar to the human encounter with health, illness, disease, death, and the desire for prevention and healing.”

The second essay, “Philosophy of Medicine: Should It Be Teleologically or Socially Construed?” develops further Pellegrino’s restriction of the philosophy of medicine to those conceptual, methodological, and other issues peculiar to medicine. In this piece he is responding to criticism by Kevin Wm. Wildes that Pellegrino construes the philosophy of medicine too narrowly by excluding medical logic, medical epistemology, and the examination of concepts of health and disease. This omission, as Pellegrino argues, is justified in that these issues are not peculiar to medicine and therefore do not specifically define a philosophy of medicine. Pellegrino responds as well to Wildes’ criticism of the teleological character of Pellegrino’s account of the philosophy of medicine.

In the last of the first three essays, “The Internal Morality of Clinical Medicine: A Paradigm for the Ethics of the Helping and Healing Professions,” Pellegrino investigates the internal morality of clinical medicine and how it defines the character of medicine, the object of the philosophy of medicine. He begins by responding to calls for a new ethic of medicine.
Rather than attempting to establish such an ethic, Pellegrino instead draws the reader’s attention to the internal value commitments of the practice of medicine itself, arguing that medicine has ends, which give it definition. Here Pellegrino begins an analysis of the good of the patient, which he develops further in other chapters in this volume, but especially in “Moral Choice, the Good of the Patient, and the Patient’s Good.” As he argues, the health care professions are defined by the end or telos of pursuing the good of a person vulnerable to disease, disability, and death.

The four essays in the second part of the section concerning the philosophy of medicine address the relationship between medicine and humanism, as well as the proper role of physicians. In “Humanistic Basis of Professional Ethics,” Pellegrino argues that a “more reliable source for a more humanistic professional ethics resides in the existential nature of illness and in the inequality between physician and patient intrinsic to that state.” That is, only when a truly humanistic relationship is established between physicians and patients will both physicians and patients be able to express their humanity fully. This theme is taken up with a special focus on the intrusion of the market and concerns for profit in the contemporary character of health care in “The Commodification of Medical and Health Care: The Moral Consequences of a Paradigm Shift from a Professional to a Market Ethic.” Here Pellegrino in particular explores “the ethical consequences of commodification of health and medical care on the relations of physicians with patients, with each other, and with society.” As a result of these factors, physicians and the profession of medicine face two quite different roads to the future, each leading to a different profession, a different understanding of the patient, and different possibilities for human flourishing. The question is whether the ethic of the marketplace or an ethic built primarily on the physician’s commitment to the healing and care of the patient will define medicine.

These concerns are explored further, as Pellegrino addresses the goals of medicine in “Medicine Today: Its Identity, Its Role, and the Role of Physicians.” In this essay, he examines the telos that defines the art of medicine. Drawing on Aristotle, Aquinas, and Leon Kass, he looks with care at the nature of the medical good, the patient’s perception of that good, the good for humans, and the spiritual good. All of this he brings together in an investigation of the proper role of physicians, which he defines in terms
of their relationship to patients and their mutual determination of the ends of medicine. As Pellegrino puts it, “physicians do not determine the ends of medicine; it is their task to realize these ends in a specific clinical encounter with a particular patient. Physicians are charged with ascertaining, together with the patient, the content of the end of healing. Note, the content of healing is not a social construction of the end, but it accepts healing as an end.” In this relationship, physicians encounter the possibility for virtue as a professional.

This section closes with a quasi-autobiographical essay ("From Medical Ethics to a Moral Philosophy of the Professions") in which Pellegrino reviews his work from the 1940s to the present, tying his personal journey to the cultural developments that fed the need for a moral philosophy of the health care professions. As he shows, our current condition is characterized by the need “to ‘recapture’ the idea of professional commitment. Without a reconstruction of the moral foundations of the idea of a profession, [this effort] cannot be fully successful.” As Pellegrino argues, “Professional ethics, its groundings, the sources of its moral authority, and the way they are justified are of concern to all of us. It is not the whole of bioethics to be sure. But it is through professionals that bioethics becomes a benefit or a danger for every human being in a technological society. A philosophy of the profession that grounds the ethics of the professions is therefore more than an idle academic exercise.” This section, in short, ties the practice of medicine and the framing context of bioethics to the need to develop an adequate philosophy of the profession of medicine.

The section “Physician-Patient Relationship” focuses on the healing relationship. It opens with “Moral Choice, the Good of the Patient, and the Patient’s Good.” In this essay Pellegrino confronts the difficulty of defining the patient’s good in a morally heterogeneous society. He distinguishes among four themes bearing on the nature of the good: (1) “the patient’s concept of ultimate good,” (2) “biomedical or techno-medical good,” (3) “the patient’s concept of his own good,” and (4) “the good of the patient as a person.” Pellegrino ties these relatively abstract concerns to the concrete issue of no-code orders and the limiting of cardio-pulmonary resuscitation. He draws as well from Aristotle’s account of the good, thus establishing connections among the philosophical traditions, understandings of the good, and good clinical decision making.
The next essay in this section, “The Four Principles and the Doctor-Patient Relationship: The Need for a Better Linkage,” brings Pellegrino’s analysis one step further by critically reassessing Beauchamp and Childress’s four principles of autonomy, beneficence, non-maleficence, and justice. This essay provides a careful analysis of the implications of different senses of autonomy for different models of the physician-patient relationship. In so doing, Pellegrino lays out cardinal conflicts between autonomy and beneficence, and between autonomy and justice. In the process, Beauchamp and Childress’s principles are embedded in the realities of clinical decision making, as well as in the foundational scaffolding of the physician-patient relationship. “The obligations that arise from the nature of the relationship provide the theoretical grounding lacking in the approach through *prima facie* principles. Rather than principles, we can speak of obligations freely undertaken when we freely offer to help a sick person.” All of this Pellegrino locates in terms of the primary context of medicine, the healing relationship.

The last essay in this section, “Patient and Physician Autonomy: Conflicting Rights and Obligations in the Physician-Patient Relationship,” completes the analysis of the healing relationship, as well as of Pellegrino’s critical recasting of the significance of Beauchamp and Childress’s four principles. As Pellegrino notes, these principles mark points of strategic tension and ambiguity. They directly and indirectly indicate areas where further exploration is needed. Although the principle of beneficence is in tension with autonomy, the physician’s autonomy receives little attention, and the autonomy of medical ethics has come under threat. Pellegrino’s analysis of Beauchamp and Childress’s principles brings him to five conclusions: (1) autonomy and beneficence, if rightly understood, turn out to be complementary, not contradictory; (2) in both theory and practice, autonomy is not merely a negative but a positive principle as well; (3) the actual content of the principles of beneficence and autonomy is defined in the context of specific actions and decisions; (4) the physician’s autonomy both as a person and a professional must also be taken into consideration; and (5) medical ethics must maintain its autonomy over against political and socio-economic pressures.

The third section of this collection brings together three major essays in which Pellegrino examines the nature of virtue in general, its meaning
in the medical profession in particular, and moral challenges to the conscience and integrity of physicians. The first essay, “Character, Virtue, and Self-Interest in the Ethics of the Professions,” confronts the place of professional virtue and the difficulty of contemporary medical professionals recognizing the claims of virtue. Commercialization, competition, government regulation, malpractice suits, and advertising, as well as public and media hostility have engendered a profound professional malaise. Pellegrino argues that, though these forces are real and threatening, the major danger is posed by deficiencies in medical-professional character and virtue. Medical professionals, in order to maintain their integrity, will need to embrace an ethos of altruism and fidelity that will often be incongruent with the dominant, conventional morality. To do this, Pellegrino argues, medical professionals must recognize that professions are moral communities, able to sustain their members if their members sustain their professional moral communities. Success in establishing a sound foundation for the professional life requires recognizing (1) the vulnerability of patients, (2) the inequality between physicians and patients, (3) the special fiduciary character of the professional in such relationships, (4) the ways in which professional knowledge does not exist for its own sake, (5) the professional relationship as able to bring both help and harm, and (6) the professional relationship as dependent on the professional being a member of a moral community with its own internal morality.

The second of this trio of essays, “Toward a Virtue-Based Normative Ethics for the Health Professions,” invites the reader to confront the meaning and foundations of virtue. As Pellegrino reminds us, the classical medieval synthesis understood virtue as excellence of character, as a trait appropriately oriented to defining ends and purposes, as an excellence of reason, not emotion, as centered in practical judgment, and as a trait acquired by practice. Pellegrino contrasts this account with Alasdair MacIntyre’s account, which regards virtues as dispositions or acquired qualities necessary (1) to achieve the internal good of practices, (2) to sustain the communities in which individuals seek the higher good of their lives, and (3) to sustain traditions necessary for the flourishing of individual lives. Despite his defense of virtue ethics, Pellegrino frankly acknowledges the difficulties of virtue-based accounts: (1) virtue-based accounts tend to be circular (i.e., the good is defined in terms of what virtuous persons do,
and the virtuous are those that do what is good), (2) virtue-based accounts tend to be thin on definitive moral guidelines, (3) virtue-based accounts have difficulty in distinguishing obligation from supererogation. All of this leads Pellegrino to underscore that virtue-based accounts cannot stand alone and must be lodged within a more comprehensive moral philosophy, which he acknowledges does not now exist. This problem is compounded in medicine, where the Hippocratic tradition is, at best, in disarray. The practice of medicine is marked by moral pluralism, relativism, and the privatization of morality. In the face of these challenges, Pellegrino calls physicians to an act of profession that can tie them to their engagement in healing, so that they can come to appreciate professional virtue in terms of the *telos* of the clinical encounter: the patient’s good. Pellegrino lists among the virtues that should mark the good physician: fidelity to trust and promise, benevolence, effacement of self-interest, compassion and caring, intellectual honesty, justice, and prudence.

Having spoken to professional virtue in the clinical context, Pellegrino turns in the next essay to challenges to the physician’s moral conscience. His focus is on the conflicts engendered as a result of practicing medicine in an often affirmatively secular culture. This tension is rooted in the circumstance that traditional Christians know things about medical morality unrecognized within secular society. In “The Physician’s Conscience, Conscience Clauses, and Religious Belief: A Catholic Perspective,” Pellegrino lays out a geography of some of the resulting moral conflicts, giving special attention to the rising reluctance of the state and others to confront honestly what should count as violations of conscience. For example, although religious exemption laws and conscience clauses have protected physicians from being directly coerced to engage in abortion or physician-assisted suicide, there is nevertheless often a requirement that they refer patients to others to do things the Christian physician knows to be immoral (that is, since abortion is equivalent to murder, then referring a woman to an abortionist is equivalent to referring someone to the services of a hit man, even if one will not engage directly in the murder oneself). In addition, there are growing constraints on religious institutions, once they receive tax funds, to provide services they would recognize as immoral, though their co-religionists have been forced to pay those very taxes. Among the failures in such public policy approaches is
not appreciating that institutions, in order to maintain an integrity and commitment to virtue, must preserve the character of their commitments to the particular communities that brought them into existence and sustain them. It is through institutions such as sectarian hospitals that individuals realize their concrete lives in moral communities, with the result that the moral integrity of the individual is put at jeopardy if they are not able to protect and maintain the moral character and integrity of their institutions and their moral communities.

The last section offers Pellegrino’s analysis of the ambiguities of humanism, the limitations of the Hippocratic Oath, and the challenges to framing a medical ethics for the future. The first subsection, “Humanities in Medicine,” brings together essays exploring the role of humanism in medicine and medical education. The first essay, “The Most Humane of the Sciences, the Most Scientific of the Humanities,” already partially quoted in this introduction, is an early manifesto that in many ways inspired the development of humanities teaching in medical schools. It includes Pellegrino’s famous synopsis of the relationship of humanities and medicine: “Medicine is the most humane of sciences, the most empiric of arts, and the most scientific of humanities. Its subject matter is an ideal ground within which to develop the attitudes associated with the humanistic and liberally educated.” Throughout this piece, Pellegrino is careful to acknowledge the often underexamined ambiguities in many of the ordinary usages of humanism, humanitarian, humanities, and liberal studies. As he stresses, the humanities have traditionally been recognized as quite different from the liberal arts. Pellegrino also stresses a point underscored by Abraham Flexner: “the pull toward specialization and scholarship” tends to transform the study of the humanities from the pursuit of wisdom to the pursuit of information and pedantry. The consequence is that the forest is lost in the trees.

The humanities should be lived. This point is developed further in the second essay, “The Humanities in Medical Education: Entering the Post-Evangelical Era,” where Pellegrino again emphasizes that the liberal arts, from classical times, have compassed “the intellectual skills needed to be a free man . . . the liberal arts are the cognitive instruments needed in every truly human activity.” The goal of humanities education, Pellegrino argues, is to liberate the mind and the imagination and to open persons to
a better appreciation of the human condition. The humanities bring us to deeper insights into what it is to be human. “The humanities deal with the dramatic, the artistic, the meanings of language, symbol, and myth, and the history of men’s ideas about reality and how men respond to . . . living.” As Pellegrino stresses, the humanities are engaged “to free the mind, to free the imagination, and to enrich the experience of being human.” This liberation of vision will not succeed in medicine unless one engages the humanities within the clinical context, embedding humanistic education in the experience of the medical student and the physician. The humanities must be made integral to the life of the medical student and the physician. In actual practice, medical students and physicians must see how the medical humanities support the physician’s virtuous response to actual patients.

The next essay locates concerns regarding humanism and the virtue of the physician in the context of Roman Catholic perspectives on medical morality. In “Agape and Ethics: Some Reflections on Medical Morals from a Catholic Christian Perspective,” Pellegrino reviews the recent Roman Catholic dialogue with “the dominant cultural ideas of the time” and the competing accounts of morality and ethics which this has produced. He selects for his focus what he terms an agapeistic ethic: a virtue-based ethic which affirms charity as the principle that should structure the relationship between physicians and patients. With charity taken as the ordering principle of discernment in moral choice, Pellegrino places the general concerns of the humanities and the liberal arts within the more concrete focus of a particular Roman Catholic understanding. In this fashion, he gives content to the meaning of the virtuous and humane physician. He suggests as well the importance of the tie between Christian belief and virtuous practice.

This section ends with an essay that locates the previous discussions in terms of the challenge of bringing bioethics to speak to the pressing issues of normative ethics: “Bioethics at Century’s Turn: Can Normative Ethics Be Retrieved?” As Pellegrino recognizes, bioethics has fragmented under the pressure of a plurality of moral visions, a multiplicity of theoretical accounts, and a failure to justify a particular, content-rich, moral view. The default position in bioethics and health care policy tends to be procedural rather than substantive, because substance divides and en-
genders dispute. Bioethics is either multiple or empty. Quoting Gilbert Meilaender, Pellegrino concludes that bioethics has “lost its soul.” As bioethics matures and goes “into the next century, it will need to retrieve its connection with philosophical and theological ethics as the source of normative principles, rules, guidelines, precepts, axioms, middle level principles, etc.” Pellegrino calls for traditionalists, modernists, and postmodernists to join in the project of giving new substance to bioethics, so as to recall bioethics to the normative task it has either abandoned or never appropriately embraced.

The last subsection is a brace of papers exploring the Hippocratic tradition and its capacity to inform a bioethics for the future. The first essay, “Toward an Expanded Medical Ethics: The Hippocratic Ethic Revisited,” begins by recognizing that “Good physicians are by the nature of their vocation called upon to practice their art within a framework of high moral sensitivity. For two millennia this sensitivity was provided by the oath and the other ethical writings of the Hippocratic corpus. No code has been more influential in heightening the moral reflexes of ordinary individuals. Every subsequent medical code is essentially a footnote to the Hippocratic precepts, which even to this day remain the paradigm of how good physicians should behave.” Through an examination of The Oath, The Physician, Decorum, Precepts, and Epidemics, Pellegrino underscores the Hippocratic principle taken from the last work: primum non nocere. This Hippocratic ideal he shows to lie at the heart of the Hippocratic commitment to protecting the vulnerability of the patient. Pellegrino then examines the shortcomings of the Hippocratic Oath and its ethos in the service of pointing to the possibility of “the elaboration of a fuller and more comprehensive medical ethic suited to our profession as it nears the twenty-first century.”

The final essay in this collection, “Medical Ethics: Entering the Post-Hippocratic Era,” continues the critical appraisal of the Hippocratic ethos. Through a study directed primarily to the Oath, Pellegrino displays its limitations, while yet recognizing its importance for the history of medical ethics. As he appreciates, the Hippocratic tradition, despite its past influence, must be reappropriated through a moral philosophy of medicine that takes account of “the moral heterogeneity of modern societies and the cosmopolitan character of scientific medicine.” This
project will require elaborating a philosophy of medicine internal to medicine itself and not derived from any external, philosophical system. That is, Pellegrino argues that medicine’s internal morality must be understood through a moral philosophy internal to medicine and prior to medical ethics. Only such a moral philosophy of medicine, when adequately developed, so Pellegrino claims, will be able to meet the challenges of the future. “The post-Hippocratic era need not be viewed as the end of medical morality but as the beginning of an era of more responsible, more adult, more open, and more morally responsive relations between the sick and those who offer to help and heal them.” Pellegrino identifies the hunger for professional identity and moral purpose in a post-traditional age and points to the possibility of recovering a sense of professionalism and moral dedication.

Pellegrino and the Future

This volume both reflects a cultural crisis or rupture and indicates possible responses to the challenges this brings. This collection of essays recognizes medicine’s break from its sense of possessing tradition, a sense of continuity repeatedly re-achieved over the centuries by means of an affirmation of that period’s understanding of the Hippocratic ethos. Pellegrino attempts to find a surrogate ethos and sense of professionalism in the face of rapid cultural change by reaching to the humanities and a philosophically recast bioethics. These essays of Pellegrino show a deep appreciation for the search for orientation in the face of post-modernity’s cacophony and the constant presence of the moral concerns integral to the physician-patient relationship. It recognizes as well that bioethics attempted to claim hegemony over medical ethics, though bioethics itself failed to realize a unified normative undertaking. Though bioethics arose to give guidance in a cultural vacuum consequent upon the secularization of American society and the marginalization of the traditional authority of physicians, bioethics has nevertheless failed to provide, much less justify, a canonical moral perspective that can supply the guidance sought.14

Pellegrino’s response to these challenges is to turn medicine’s attention through the humanities to a philosophy of medicine that takes the in-
ternal morality of medicine seriously, so as to recapture moral substance and direction. Again, he locates bioethics within a vision of the human enterprise, a core contribution of the humanities. He then places all of this within a philosophy of medicine that takes seriously that which is essential to the calling of physicians. Laying out this project is no mean contribution on Pellegrino's part. It offers an interesting proposal for rethinking the nature of the philosophy of medicine and its office in grounding and directing not just the medical humanities and bioethics, but medical ethics and medical professionalism.

Pellegrino has shaped the development of the philosophy of medicine, the medical humanities, bioethics, and medical ethics. The past would not have been the same in the absence of his scholarship and personal engagement. His scholarship reaches to the future and to the possibility of recapturing an authentic medical ethics, an ethics for the medical profession. Pellegrino's work offers a basis for approaching bioethics and the medical humanities afresh. By addressing core but underexamined issues in the philosophy of medicine, he indicates an avenue toward recovering a sense of commitment to virtue and service on the part of the medical profession. By recognizing the physician-patient relationship as the central, moral-epistemic context for medical ethics, he provides a teleological account of the practice of medicine in terms of its pursuit of the medical good of the patient. The project he has begun promises a deeper understanding of medicine, as well as an opportunity for recapturing a moral sense of medical-professional identity.

Pellegrino's work thus points to the possibility of recapturing an intellectually vigorous medical ethics that, by being focused on the conditions for rightly directed medical professionalism and identity, will not be grounded merely in the concerns of bioethics. The essays collected here in particular offer a better appreciation of how a philosophy of medicine can reorient physicians, the medical humanities, and bioethics to Hippocratic themes reshaped and sustained in a conceptual and moral framework that transcends the cultural context of Greece, which produced the Oath. Not only has Pellegrino creatively examined the foundations of a philosophy of medicine in the strict sense, but he has also shown how it can redirect the medical humanities and bioethics. In so doing, he has succeeded in articulating a vision of how medicine can meet the challenges of the future.
Notes

1. For an account of the interplay among concerns with realizing that which is truly human, acting humanely, and possessing the learning of the humanities, see H. T. Engelhardt, Jr., *Bioethics and Secular Humanism* (Philadelphia: Trinity Press International, 1991), pp. 43–86.


5. In the early part of the twentieth century, Western Europe was radically secularized by Josephism (the policy of confiscating monastery properties begun in 1780 by Emperor Joseph II of Austria), the French Revolution (especially after the founding of the Republic in 1793), and the German secularization that followed the extraordinary Reichsdeputation of August 24, 1802 (which led to the confiscation of Roman Catholic properties and the subsequent transfer of education and welfare services from the church to the state). For an overview of this last phenomenon, see Joseph Freiherr von Eichendorff, “Über die Folgen von der Aufhebung der Landeshoheit der Bischöfe und der Klöster in Deutschland,” in *Werke und Schriften* (Stuttgart: Cotta’sche, 1958), vol. 4, pp. 1133–1184.


10. For an example of others who, with Pellegrino, recognized the importance of the humanities in medicine, see Maurice Vischer (ed.), *Humanistic Perspectives in Medical Ethics* (London: Pemberton, 1973).

11. For an overview of these social-cultural changes and the hunger they produced for moral, cultural, and metaphysical orientation, see H. Tristram Engelhardt, Jr., “The Ordination of Bioethicists as Secular Moral Experts,” *Social Philosophy & Policy* 19 (Summer 2002), 59–82.

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14. May the reader be informed: the first editor of this volume recognizes that such substance and guidance can only be found by choosing a religion, and that care must be taken to choose the right religion. See H. T. Engelhardt, Jr., *The Foundations of Christian Bioethics* (Salem, MA: M & M Scrivener Press, 2000).