BIO / ETHICAL PREDISPOSITION AS THE MOTIVATION OF THE MEDICAL PROFESSION

Suzana Vuletić – Gordana Pelčić

Catholic Faculty of Theology in Đakovo
Josip Juraj Strossmayer University in Osijek
suzanavuletic007@gmail.com
Department of Social Sciences
Faculty of Medicine in Rijeka
gordana.pelcic@medri.uniri.hr

UDK 174:61
27-42:614.253
https://doi.org/10.34075/cs.58.4.9
Izvorni znanstveni rad
Rad zaprimljen 8/2023.

Abstract

Diverse moral and ethical value judgment of individual opting for future medical occupation, depends due to the different motivations and bio / ethical predisposition, but also to the professional relationship. Therefore, this article reviews five different categorization of biomedical occupation: physician - philanthropist, careerist, commercial / health manager; doctor in the role of the double agent and physician inspired by Christian moral principles.

Internal ethics and morality, which is immanent to bio / medicine can be perverted, if it is observed only formally-occupationally, the career-fashioned or perceived as management; but at the same time it can be improved, if it is seen as a vocation / call, inspired by true philanthropy, which presents the perfect way to balance scientific and humanistic aspect of the profession.

Keywords: *bioethics; careerism; medical ethics; morality; profession; vocation.*

Introduction

Members of the biomedical profession[1] should be considered as a respected individuals of society, since the medicine is one of the first professions which has built its own respectable social status, what traditionally was very demanding and, for some, difficult to sustain.

Medical students are a heterogeneous group with very different vocations and professional expectations. The common denomi-

[1] By members of the biomedical profession, we will consider all those employees who work in the field of medical care, and for whom health activity is an occupation, in any form at the primary, secondary and tertiary level of provision and organization of health care.

> nator in choosing a profession should be a humane aspiration to alleviate human suffering, Samaritanism and altruism. To that should be added the charisma of the medical profession, which is directly related to the high social expectations of the medical profession, and the consequent social reputation of prominent doctors.[2]

There have always been different motivations for choosing medicine as a life vocation.

"If the bio/medical profession is viewed formally-professionally: careerist-artisan or managerial, it can be distorted from the perspective of those who practice it, but at the same time it can be perfected, if it is perceived and applied as a vocation/calling".[3]

Different motivations for opting the future profession could be traced since ancient times. Plato and Aristotle have pointed to the different commitment to the incentive of the occupation, distinguishing between three professional models of doctors: - *a doctor for slaves* who had only the basic knowledge; - *the doctor for singles*, who talked to his patients, informing them about the therapy; - and a *doctor who assumed full responsibility and compassion* for the people entrusted to him. Plato also distinguishes *real doctors* from the *doctor's associates*, calling them "tyrants". Physician, Paracelsus, describing the variety character of the doctor, states:

> "Once upon a time, a doctor was an *herbalist* who, based only on his own natural knowledge, thought he could help patients. He was opposed by a *doctor-wolf* who, with his thoughtlessness and incompetence, deceived the patients, injured them even more, tortured or even killed them. In contrast to these two described types of doctors, the character of the *doctor-lamb*, is described as the one who loves patients more than himself, who sacrifices himself for them and who has Christ as a model".[4]

In today's age of modern biomedicine, being a healthcare professional with complete professional commitment and especially a doctor with high and praiseworthy moral-bioethical principles, emphaty and humanity, is becoming truly difficult.

---

2 Cfr. Niko Zurak, Modusi etičkog pedagoškog djelovanja na medicinskom fakultetu Sveučilišta u Zagrebu, in: G. Ivanišević, S. Fatović-Ferenčić (ur.), *Bioetičke teme*, Medicinska naklada, Zagreb, 2012., 43.

3 Edmund D. Pellegrino, David C. Thomasma, *Medicina per vocazione. Impegno religioso in medicina*, Dehoniane, Roma, 1994., 120.

4 Dietrich Von Engelhardt, Il rapporto medico-paziente in mutamento: ieri, oggi e domain, in: *Medicina e Morale* 2 (1999.), 265-299., 289.

Due to the increasing progress in medicine, thanks to technical achievements, and economically restrictions in Healthcare, a numerous value-oriented dilemmas are raising putting the true meaning of the medical profesion in jeopardy.

When the word "profession" was first used by the ancient Roman physician, Scribonius Largus, it denoted a special kind of expertise, but also compassionate help. Since then, this meaning of the doctor's affection and devotion to the patient's needs has taken on a special resonance in medical practice, and especially in their bioethical responsibility. When medicine lacked this bio-ethical dimension, it not only became a business, a commercial-technical act, but a real betrayal of traditional medical skills.

The belief that the medical profession is no longer significantly different from other (profitable) occupations is spreading more and more, by being reduced to the exchange of (material) goods or pure biological applicability. This is how a new type of health-biomedical professionalism is born, reducible to careerism, technicalism and commercialism. They deprive medicine of its strong bioethical-moral-humane character and arise new occupational models.

> "In the large variations of biological moral bases and moral receptivity, medical students show all possible transitions from the ascetic morality of the saint as one extreme, to amorality and insensitivity to the moral aspect of medicine as a humane practice with the perspective of later behavior in the profession with exclusively pragmatic and utilitarian starting points".[5]

Therefore, through this article, we will ask ourselves: What is the true meaning of bio/medical calling? How should a doctor properly live his profession? Is the profession increasingly sliding towards careerism or managerialism and can the bio/ethical impulse intensify biomedical professions? How to resolve the conflict between personal-social-patient interest? Do the market laws or commercial profit have a place within the medical art? What professional bioethical obligations are implicit, apart from internal morality?

To search for answers, we will analyse the motivations for choosing a medical profession from different aspects: the virtuous noble/philanthropically vocation, or the careeristic motives, either managerial performance of that (ideal-type) lofty profession.

---

[5] Niko Zurak, Modusi etičkog pedagoškog djelovanja na medicinskom fakultetu Sveučilišta u Zagrebu..., 43.

1.1. Noble physician: a philanthropist

From its very beginnings, the nobility of medical science was highly valued, because the benevolence and expertise of doctors were believed in, according to the traditional statement *l'optimus medicus/medicus-rex/tremendae maiestatis*.

In ancient Greece, the doctor was seen as a member of physiological religiosity, so the practice of medicine was considered as a religious practice, and consequently, the person of the doctor: as a functionary of the *lay priesthood*. According to the Hippocratic tradition:

> "Knowledge should be brought closer to medicine, and medicine to knowledge, because a doctor is a philosopher similar to a deity. In fact, within medicine, all those elements that belong to supreme wisdom are found: modesty, chastity, altruism, love, prestige, wisdom, calmness, ability to respond, knowledge of what is necessary and needed for life, rejection of superstition, the true divine excellence".[6]

Since the medical profession belongs to one of the noble and responsible human activities, from those who devote themselves to medicine a sublimity and selfless-altruistic professional dedication to the protection of patients is expected and demanded.

> "It is the honorable duty of a doctor to dedicate his life direction and profession to human health. With all his abilities, he will preserve the noble tradition of the medical profession by maintaining high standards of professional work and ethical behavior towards patients and healthy people. In his work, he will protect the reputation and dignity of the medical profession. They will always responsibly apply their knowledge and skills in accordance with the principles of the Code".[7]

A doctor and any other healthcare professional/biomedical practitioner is invited to help not only on a professional, but also on a personal level, to the people who place their lives in their hands. "A doctor is not just an operating technician, nor a person of supreme authority, but an *existence for assistance*; a being who recognizes the dignity of another and tries to preserve it".[8] Therefore, a good

---

6 Lorenzo De Caprio, Paola Cinque, Il Medico Attore e l'Attore Medico, in: *Medicina e Morale* 2 (2001.), 251-274.; 258.

7 Hrvatska Liječnička Komora, Kodeks medicinske etike i deontologije, in: *Narodne Novine*, 55/2008, Art.1.,§ 4-6

8 Ivan Šegota, *Etika sestrinstva*, Pergamena, Zagreb, 1997., 77.

doctor is judged not only by the fact that he respects the deontological laws of the profession, but also by the fact that he follows those norms that his personal (ethically formed) conscience dictates to him. For these reasons, it is not enough that modern biomedical professionals only know professionally how to act and approach scientifically, but their availability, attention, understanding, compassion, benevolence, patience, dialogue and trust are also required. They are required to know how to reconcile science and humanity.

> "Caring for a sick person is considered an above all as a moral act and throughout history has been associated with the idea of compassion, sympathy and helping in need. It is a specific interactive interpersonal relationship that, in addition to moral action, requires professional work based on scientific facts".[9]

Imbued with this, medicine applies integral medical care, which represents not only the observance of positive professional norms, but also the moral and character predisposition of philanthropy. A doctor motivated by the nobility of his calling: a philanthropist, takes a benevolent relationship with his patients, maintains professionalism and a personal approach, keeps full responsibility for making beneficial decisions in the treatment of his patients in accordance with the deontological norms of medical practice. For him, the patient is never just one of the *clinical cases*, to which he can apply only his professional knowledge, but always as a *dignified person* to whom one wants to benevolently approach the virtues of exceptional ethical and human sensibility. Virtues such as: altruism, attentiveness, self-sacrifice, honesty, sincerity, trustworthiness, commitment, diligence, patience... are just some of the occupational expressed value system of caring for others. The notion of care thus set up represents a deep internal moral feeling of connection and dedication to someone, forming a special form of alliance, an inter-personal relationship, of a special nature.

> „It is a meeting between trust and conscience. The "trust" of one who is ill and suffering and hence in need, who entrusts himself to the "conscience" of another who can help him in his need and who comes to his assistance to care for him and cure him. For healthcare worker the sick person is never merely a clinical case, an anonymous individual on whom to apply the fruit

[9] Sonja Kalauz, Bioetika u sestrinstvu, in: *Medicina Fluminensis* 44 (2008.) 2., 129-134.; 130.

of his knowledge, but always a 'sick person,' towards whom he shows a sincere attitude of sympathy".[10]

The activity of health workers who perceive their profession as a "calling" to be fully occupied for the person of the patient, which is carried out not only as a technical activity, but also as an empathetic affection for one's neighbor, has a high value in the service of human life. In accordance with such an understanding of the medical profession, is a well-known axiom claims: "Vir bonus sanandi peritus". The adjective bonus refers to the doctor, who is well scientifically educated, but also to his attitude of philanthropy and ethics. Without these components, the doctor remains only a technocrat with little humanity.[11]

Most of the doctors are capable, professional, dedicated and ready to work for the betterment of their patients. For those who, in their profession, managed to develop the character traits of philanthropy, humanity, altruism, compassion, along with moral predispositions, their profession becomes a true profession/mission/vocation. Otherwise it becomes a career.

2. Careerist physician

Individuals may be interested in biomedicine for various reasons other than the patient's exclusive well-being: for ambition, the opportunity to stand out, social prestige, fame, power, advancement in science and position within the health hierarchy.

Under his topic, we will observe the medical practitioners whose primary interest is: purely scientific knowledge of the nature of the disease, professional competence and technical correctness, which ignores everything else important for a holistic approach to the profession. Such medics have a reductionist, exclusively scientific understanding of the profession.

A career or medical business strives to achieve, primarily, professional prestige, through the satisfaction of one's own interests (self-evidence), and only then, secondarily: the patient's. The careerist model intends to observe the patient's person as an object on

[10] Pontificio Consiglio per gli Operatori Sanitari (Per la Pastorale della Salute), *Nuova carta degli operatori sanitari*, Libreria Editrice Vaticana, Città del Vaticano, 2016. n. 2. (Further: NCOS)

[11] For a more comprehensive approach, we refer to a valuable book of Valentin Pozaić, Čuvari života, Radosti i tjeskobe djelatnika u zdravstvu, FTI DI, Zagreb, 1998.

which the cold impersonal technical efficiency of scientific knowledge can be applied, without taking into account its integrity and totality. What this type of medic offers is pure scientificity and abstraction from the patient's holistic (physical-spiritual) totality. In support to this caption, we will quote the thoughts of the prominent Croatian moral theologian, Matulić, who points out the fact that, while the so-called pre-modern and pre-scientific medicine exclusively emphasized humanism, i.e. the well-being of the patient, his psycho-physical and spiritual well-being, his wishes and expectations and fears.., the modern and scientific medicine focuses more and more on the doctor, on his education and training, to his status within the scientific community and professional medical societies, locked in scientific rationality devoid of warmth and immediacy. This has negative consequences for medicine as an eminent humanistic science. The traditional image of the doctor as a benevolent healer, gradually faded in front of the creation of a new image of the doctor-technician with an emphasis on the image of the doctor-scientist. The clinical hospital environment increasingly existed as a place for various medical research, so that many clinics, hospitals and doctors came into disrepute in the public for abuse of their profession and violation of basic human rights.[12] This is negatively reflecting on the integrity of the medical profession.

This is recognized as the loss of the personalistic vision of anthropological medicine. "One of the main causes of the crisis in modern medicine is the reduction of the concepts of health and disease to their biomedical image, i.e. the elimination of all other components and aspects of these multi-layered and complex categories".[13] The patient is not approached to get to know the deeper cause of his illness, but only his non-functionality. The patient's personal values that could result from an intervention are ignored, and the therapeutic meeting is reduced to mere scientific-professional competence and technical correctness, ensuring only an ethical minimum through a contractual professional relationship.

This is evidenced by numerous quotes from people in the direct medical profession: "In modern medicine, attention to the individual

---

[12] Cfr. Tonči Matulić, Autonomija trajne liječničke izobrazbe u kontekstu sukoba interesa u medicinskoj praksi, in: I. Bakran, G. Ivanišević (ur.), *Suradnja liječnika i farmaceutske industrije u trajnoj izobrazbi.* Knjiga izlaganja na III. proljetnom bioetičkom simpoziju Hrvatskog liječničkog zbora, (6. lipnja 2003), Hrvatski liječnički zbor, Zagreb, 2003., 62.

[13] Lidija Gajski, *Lijekovi ili priča o obmani. Zašto raste potrošnja lijekova i kako je zaustaviti,* Pergamena, Zagreb, 2009., 434.

person, for whom the ethics of care is advocated, is not valued too much. This can lead to a modern revolution in the doctor-patient relationship as well as to the violation of the ethics of that relationship, making it as a focal point of our moral concern".[14] In front of such a physician, the patient feels like a case of rational cognition, as an object of scientific dismemberment that can be dissected, analyzed, repaired, without personal commitment. The person is not seen as a patient in need of deep empathy, but as a client. The more the doctor approaches the patient in a scientific, technical, professional, and impersonal way, the more frustrated and dissatisfied the patient is with the doctor's approach. They require a doctor who would devote himself more to their psycho-social and not only biological-physical needs.[15] Such motivations for choosing the medical profession can often lead to professional frustration of the doctors themselves, who perceive their profession in this way, or after many years of practice, their interventions can be reduced to stereotypical and routine performance of their profession. If it is reduced expressly to the professionalism of the work, it can fall under commonality, practical ignorance, loss of interest and reduced responsibility.[16] The problem can also be selective cases that this type of biomedical practitioner would like to categorize, thus accepting only optimistic cases, marginalizing hopeless and/or chronic cases so that his reputation would not be diminished by healing outcomes.

A biomedical practitioner of this careerist model can be considered a good and professional doctor, but cannot be considered virtuous. The patient cannot gain confidence and trust that such a model of healthcare worker will always strive to act for his overall well-being and respect his personal values.

A doctor cannot perform his profession exclusively with the knowledge and skills of his profession, without emotions and affective involvement of a humane approach, without a positive attitude towards the patient as a whole as a human being whose life and health are at risk. Scientific-intellectual ability alone is not enough, but also personal participation in concrete situations of the patient. This can be supported by frequent complaints that modern medi-

---

14 Aleksandra Frković, *Bioetika u kliničkoj praksi,* Pergamena, Zagreb, 2006., 34.

15 Cfr. Željka Stančić, Kakva nam racionalizacija liječnikovog terapeutskog djelovanja treba? Ili: o rođenom liječniku, in: *Socijalna Ekologija* 13 (2004.) 1., 45.-57., 46.

16 Cfr. Nicola Simonetti, «Deontologia medica», in: S. Leone, S. Privitera (ur.), *Nuovo Dizionario di Bioetica*, Istituto Siciliano di Bioetica, Città Nuova, Roma, 279.-283.; 280.

cine suffers from an excess of expertise, professionalism and technical knowledge, and from a lack of humanity, ethics and immediacy. One of the causes of such a deviation is certainly this approach, exclusively, careeristically motivated. However, it's more difficult form is certainly the next one: commercial.

3. Commercialist/healthcare manager

One of the ethically and professionally problematic motivations for choosing a biomedical profession can also be represented by the figure of a health commercialist/manager.

Here we list physicians who in their professional work are motivated solely by the economic logic of profit, material greed, and for whom the patient represents an object of earnings, a source of profit or benefit, or the health organization system itself requires the physician to be a manager and measurer of spending control.

This fact preoccupies Rashi Fein, a distinguished economist, who expresses concern about the apparent changes affecting health care:

> A new language has infected the culture of health care. It is the language of the market, the trader and the cost accountant. It is a language that depersonalizes both patients and healthcare professionals, and treats healthcare as just another commodity. It is a language that is dangerous. "Thus, the doctor loses his mission as a guardian of human life and assumes the role of an amoral technician".[17]

Bioethical and moral problems are represented by those doctors, who initially view their profession through the motivational prism of personal material well-being, which can be additionally realized in a dishonorable way. The strong connection between this profession and its relationship with ethics is best illustrated by the phrase of "professional pathology", which sociologists use to denote any non-compliance with the ethical code or misuse of professional knowledge and position for their own interests. The appearance of professional pathology, such as corruption (using public institutions for one's own purposes), nepotism and favoritism (giving preference to someone on the waiting list based on family ties or friendships, or bureaucratic criteria), bribery (preferring rewards)...

[17] Stanley L. Jaki, *I fondamenti etici della bioetica*, Fede & Cultura., Verona, 2012., 42.

In the background is the problem of the material conditionality of medical services.

It is well known that there are doctors who, in addition to their regular salary, receive (and sometimes demand) compensation from patients. The awareness of such phenomena is also confirmed by the negative perception of one author who quotes: "You need to charge while the pain lasts. If the patient does not pay for the pain, the pain should be intensified!".[18] Such an illustrative (although rare) example certainly has a stigmatizing effect on the entire profession.

Prestige, power, promotion, comfort.., can come into conflict with the patient's needs, when the doctor puts market profit before the patient's well-being and when he bases his relationship with the patient on an economic-contractualist model, instead of a relationship of alliance and trust. Through this prism, medical knowledge becomes a commodity that is bought by private health insurance or corruption, by those who can afford it. Health care thus becomes a market/exchange commodity in a competitive market.

In the commercial model, medicine is viewed as a trading product where the moral obligations of the doctor and the patient are minimal. The doctor should provide a "good product" for which he will be responsible, and the patient should pay for all the services he received from the doctor.[19] The so called „right to health" thus becomes proportional to the patient's financial condition. It becomes a commodity, which „some can and others cannot buy".[20] Under the pressure of market medicine, the doctor can turn into an executor of health care services only to those patients who can in return serve the welfare of society.

When bioethical paradigms, such as: materialism, individualism and utilitarianism prevail in society, and especially in medicine, man and his life: become a thing. "Unfortunately, today, not only nature, but also life, have become a commodity like any other commodity on the market that has its own price. It is paradoxical that life in technical civilization has a price and no value... Life has become an object of trade and crime: plant and animal species, living people and their organs are traded, genetic sequences

[18] Quote according to the allegations of Vjekoslav Miličić, *Deontologija profesije liječnik. Život čovjeka i integritet liječnika,* Sveučilišna tiskara, Zagreb 1996., 44.

[19] Mirko Štifanić, *Ima li nade za kute i pidžame? Pacijent i liječnik u bolesnom zdravstvu*, Udruga „Pacijent danas ", Rijeka, 2003., 71.-73.

[20] Mirko Štifanić, *Kriza zdravstva: prijetnje i mogućnosti. Zdravlje postaje roba koju bogati kupuju, a siromašni umiru,* Studio Hofbauer d.o.o., Rijeka, 2010., 70.

are patented and prepared for the market"[21]. One often hears cruel complaints about the medical and pharmaceutical industries that: "prostitute themselves for money and success, like former missionaries who have become traders of human health".[22] The patient has become a source of income and pays three co-payments, health has become a commodity, and illness has become an extremely expensive condition.

For patients, market medicine is frustrating and unethical, which will result in a lack of care for the patient.[23] This is incompatible with the intrinsic ethics of healthcare, in which the system in a certain way forces doctors to become managers through the imposition of HZZO clauses, regulations, spending control, etc. In this view: "Physicians who emulate or impersonate health politicians who are ethically responsible to the wider community are especially unacceptable".[24]

The problem is also reflected on the other side, in which the system has not made insurance for those who abuse the system. Therefore, it is important to highlight some ethical provisions related to this: "It is morally impermissible for doctors to use intermediaries to obtain a patient, with whom they share the collected fee; to maintain commercial relations with pharmacists; to assign patients to specialist colleagues; to inherit property from the patient they treats; not to privatize medical devices or apparatus in public health institutions out of self-interest; that they do not charge their institution for fictitious home visits; they do not alienate medicines for private benefit".....[25]

In accordance with the Code of Medical Ethics and Deontology, among the Duties towards the patient, the doctor is obliged by Article 2.2.; and Art. 9.9 that:

> "To perform his work professionally and ethically flawlessly, not taking advantage of the patient either emotionally, physically, or materially. Apart from the regular reward for medical

---

21 Ivan Cifrić, *Bioetička ekumena. Odgovornost za život,* Pergamena, Zagreb, 2007., 85.

22 Sandro Spinsanti, *L'alleanza terapeutica. Le dimensioni della salute*, Città Nuova, Roma, 1988., 113.

23 Mirko Štifanić, *Bolesno zdravstvo. Osveta privilegiranih,* Adamić, Rijeka, 2008., 131.

24 Mirko Štifanić, Tranzicija i „nova "etičnost, in: G. Ivanišević, S. Fatović-Ferenčić (ur.), *Bioetičke teme..*, 293.

25 Usp. Ivan Šegota, *Hipokratova zakletva danas,* (Uvod u medicinsku etiku), priručnik za studente, Medicinski fakultet, Rijeka, 1991., 58-59.

> work, in the form of a salary or honorarium and the satisfaction of having helped a patient, the acquisition of material and other benefits from his medical work is not in accordance with this Code". [...] "He will protect his professional reputation and independence, not agreeing to have his name highlighted and associated with commercial activities for personal gain".

Material or some other benefit must not be the primary motivational basis for performing a medical call. A doctor should treat patients and colleagues fairly and try to detect doctors of bad character or those who engage in fraud. In the interest of the profession, such errors should be corrected because they damage the moral reputation of doctors.

In the end, let us be encouraged by a quote from an ancient doctor:

> "I have neither ambition nor greed. I love nothing more than my skill and I think that it is the most beautiful art, an almost superhuman art that gives us the possibility to ease the pain of the sick and restore their health. That's the only goal. The unnecessary and the egoists are despicable. The doctor should not give his care according to the property or the patient's position, but should give it to everyone equally who asks for him".[26]

The next model represents the character of the healthcare professional, who often represents a «double agent», where on the one side he must respond to social conditioning, and on the other hand, to the needs of the patient and his own judgment.

4. Physicain as the «double agent»

The social organization of health care forces today's physicians to be a health manager, economist, lawyer, administrator... and the one who must take care of many other professional components. His position in society is often perceived as incompatible and problematic in terms of harmonizing his responsibilities to society/patient/himself...

The doctor is responsible to society, to which he must account for his medical procedures: to be aware of the costs and limitations of financial resources for each individual intervention, to know how

[26] Quote taken from the review quote by prof. Dr. Nikola Mandić, to the book of Vjekoslav Miličić, *Deontologija profesije liječnik...*, 23.

to provide quality service and then work in the best interest of the patient and in full responsibility to professional standards.

In juggling between all these susceptibilities, "today's doctor increasingly experiences a gap between the two responsibilities of his profession. The first is: professional medical competence in matters of health protection and preservation of life. The second is: personal ethical and moral competence in judging one's powers".[27] This fact has far-reaching consequences for the understanding and evaluation of the medical profession, because in the new medical-technical circumstances it is pinched by the antinomy of the patient's well-being, on the one hand, and (bio)technical efficiency, on the other hand.[28]

Modern medicine has raised its standards of provision and thereby increased the medical responsibility of healthcare professionals. Every day, they find themselves more and more, under the pressure of increasing bureaucracy, administration, typification of insured persons, constant training, professional monitoring... One of the additional burdens of the medical staff is the presence and (in)ability to coordinate with other staff present within the medical professional team (lawyers, managers, members of ethical councils, insurers, representatives of the Chamber...) to whom they need to justify their actions due to social control of their work. The problem arises especially when they force the doctor to limit the full/potential possibility of beneficial assistance to his patient (examinations, procedures, rehabilitation) due to limited financial resources or due to the judgment of ineffectiveness of the treatment, some others. This is imposed as a requirement of a utilitarian society guided by cost-benefit logic. They demand that the medic submit to the request of the state service that pays him. With this request, the doctor often remains confused between two affiliations: to the patient: to whom he provides his services and with whom he is connected by a contract of moral significance, and the other one to the: affiliation to the organized society, which assigns responsibilities, determines monetary compensation and considers the doctor as its representative. In such a situation, conflicts often arise, especially where medicine and law are ideologized.[29]

---

27 Valentin Pozaić, Čuvari života..., 92.

28 Cfr. Tonči Matulić, *Medicinsko prevrednovanje etičkih granica. Svetost života priklještena između autonomije i tehnicizma,* Glas Koncila, Zagreb, 2006., 15.

29 Cfr. Velimir Valjan, *Bioetika,* Svjetlo riječi, Sarajevo-Zagreb, 2004., 101.

As a result, there are problems of the social nature of the profession, (conditioned) behavior and specific obligations that bind the doctor-patient relationship with ethical and moral ties. Accordingly, some ask: "what is the meaning of one of the classical goals of medicine - to save and prolong life-, when: there are drugs that should not be prescribed due to their high cost; there are searches that may not be performed; there are doctors who know and can do everything the patient needs, but they are not allowed to do it because of savings, so they get monetary rewards for savings that lead their patients to dying and death".[30]

External pressure on the profession creates internal insecurity among people who practice that profession, who ethically question the goals of their activities, the ways in which they fulfill what they carried as the ideal of their profession upon entering it and what they see now, in profoundly changed circumstances.[31] All this makes impossible the ancient ideal of philanthropy: a cordial, friendly, paternalistic and ally relationship between doctor and patient, but also fostering motivation and love for the medical profession.

Also, on a personal level, they are asked to completely renounce their own needs and sacrifice everything that others have with an average life. Because of this, many suffer from psycho-physical-spiritual exhaustion and professional burnout, stress, fears...

We therefore ask ourselves: to what extent can or should a doctor balance between personal needs/and the patient's needs, which social professionalism dictates to him? How can he resolve the conflict of internal professional obligations and duties? What is the responsibility of society in creating a better health policy that would be more suitable for the doctor and/or the patient?

The main problem of this title lies in the fact that in the modern health-organizational arrangement, the doctor is required to primarily be the state representative and main measurer of the system, instead of the representative and protector of patients' rights.

If medical professionalism is not primarily oriented towards the person of the patient, feedback returns as *nemesis medica*, a negative aspect of social organization. For these reasons, "bureaucratic and political ambushes in the distribution of economic and health

[30] Mirko Štifanić, *Bolesno zdravstvo. Osveta privilegiranih...*, 130.

[31] Cfr. Mladen Knežević, Neka razmišljanja o identitetu profesije socijalnog radnika, in: *Ljetopis socijalnog rada* 10 (2003.) 1., 45.-60.; 46.

resources should be subjected to moral judgment".[32] Otherwise, the interests of state investment in the healthcare sector come into conflict with the patient's interests.

But what happens when medical deontological norms come into conflict with social demands and state norms? What rules should they overcome?

A doctor is obliged to defend his conscience and act according to its convictions due to loyalty to his service and to the person entrusted to him. He is helped by deontological codes that protect him from conflicting socio-political pressures. Precisely, in order to ensure the clinical independence and professional integrity of doctors, the World Medical Association adopted a *Declaration on Physicians' Autonomy* (*Warsaw Declaration*) 2000', as also confirmed by the *Declaration on the rights of doctors* in Edinburgh in 2001'.[33] It states: "the doctor must have the professional autonomy to make clinical decisions about the patient's care". The World Medical Association recognizes the importance of the independence and professional freedom of doctors... In caring for their patients, doctors must have professional freedom that no one can interfere with. The execution of a doctor's professional decision should be safeguarded and protected... Doctors must be professionally independent in presenting and defending the patient's health interests from anyone who would deny or prevent them... In the context of medical practice and patient care, the doctor should not be expected to participate in to assess the priorities that the government or society prescribes when distributing scarce resources for health. Such a procedure would cause a conflict between the interests of the patient and the doctor's obligation to him and would seriously diminish the professional independence of the medical profession in which the patient trusts...[34]

"The characteristic of the medical profession is its autonomy and freedom from hierarchical subordination. The principle of independence of the profession is important, which protects not only the doctor, but primarily the public interest, since freedom from any external pressures and attachments is a necessary prerequisite for

---

[32] Elio Sgreccia, *Manuale di bioetica. I. Fondamenti ed etica biomedica,* Vita e Pensiero, Milano, 1994[2]., 573.

[33] European Forum of Medical Association and WHO (2000.), *Declaration of Edinburgh* (2001.). http:/www.nil.org.pl/xml/nil/wladze/str_sad/etyk_zagran/deklaracija.

[34] Cfr. World Medical Association, *Deklaracija o ljudskim pravima i osobnoj slobodi liječnika,* Bruxelles, 1985., in: Vjekoslav Miličić, *Deontologija profesije...*, 35.

quality and professional performance of the medical profession".[35] "The ethos or set of values that are the doctor's guide in his daily activities (practice) means that the doctor must always choose the best solution, but, clearly, not from the perspective of the doctor and (or) the insurance companies and (or) the health care system and (or) the employer and (li) the state, but from the perspective of the patient". [36] Thus, we can consider the doctor-patient relationship to be a "sacred covenant of mutual fidelity".[37]

It is the doctor's right to strive to preserve the integrity of his profession, not to work as an instrument or bureaucrat of social order, but as a person whose professional activity is an expression of his personal nature, and not to lead the instrumentalization of the medical profession in obedience to the ideological goals.[38] We can certainly observe one such prototypical character in the character of the medic, inspired by Christian moral virtues.

5. A physician inspired by Christian moral principles

The Christian tradition, in the light of the *Holy Scriptures*, nurtured the medical profession and medical science, from its very beginning, and considered the treatment of the sick and efforts to improve their health, as an integral part of *Christ's Good News* and His mission. Care for the health and life is explicitly mentioned in the *book of Sirach* (38, 12-14):

> "Honor the doctor with the honor that belongs to him because of his service, (...) do not be depressed when you are sick, but pray to God because he gives healing (...) „Then give the doctor his place lest he leave; you need him too. For there are times when recovery is in his hands. He too prays to God That his diagnosis may be correct and his treatment bring about a cure".

Apart from this *Old Testament* quote, the *Gospels* are full of accounts of how Jesus heals and recovers from physical and mental illnesses, restores health and bring back the life.[39] Although the

---

35 Zvonko Bošković, *Medicina i pravo*, Pergamena, Zagreb, 2007., 108.

36 Željka Stančić, Kakva nam racionalizacija..., 53.

37 Cfr. Dietrich von Engelhardt (ed.), *Etica e medicina. Problemi e scelte nella pratica quotidiana,* Guerini e Associati, Milano, 1994., 239.

38 Cfr. Ivan Illich, *Nemesi medica. L'espropriazione della salute,* Bruno Mondadori, Milano 2004.[5], 126.

39 A valuable article on this subject can be found in Ivan Bodrožić, Od mitološkog prema kršćanskomu poimanju bolesti: povijesno-kritički pristup, in: *Diacovensia* 30 (2022.) 4., 487.-507., especially: 501.-505.

Gospel is not a code of medical ethics, it is a source of sense and meaning of human pain-suffering existence.

Profession, vocation and mission meet and intertwine in the Christian vision of the health service, according to which they should inspire their professional activity on their own faith and manifest it through their profession. Thus, biomedical activity takes on a new form of service to life and for Christian doctors, the profession intensifies with a vocation or a calling to a higher level. When healthcare activity is perceived as a "calling", then it is thought to be a missionary activity that transcends mere professional activity, elevating the principles of charity to the level of Christian *agape*. He who understands his service in this way, acts as a *divine missionary* himself who performs it with devoted altruistic love, faithful and devoted devotion. In this sense, the medical-health activity is a ministerial service of God's visible and effective love for the suffering person.

A Christian doctor should feel called to look at his professional and personal life and his mission in the light of the life of Jesus Christ, often called as a *physician of body and soul*. He must work on concretely bringing to life the healing properties of the Gospel message in medicine, i.e. revealing the Gospel qualities of doctors in scientific circumstances, aiming at the moral goodness of a person. The medical vocation understood in this way is described in more detail in the encyclical *Evangelium vitae* (John Paul II, 1995.)[40], which is primarily intended for doctors and all health workers who have professionally decided to protect, preserve and promote human life and "culture of life".

> „The work of health care persons is a very valuable <service to life>. It expresses a profoundly human and Christian commitment, undertaken and carried out not only as a technical activity but also as one of dedication to and love of neighbor. It is a form of Christian witness. Their profession calls for them to be guardians and servants of human life. Doctors, nurses, other health professionals are called to be a living image of Christ's love for the Church in their service to the smallest and most needy. In this way, they become witnesses of the gospel of life". (EV, n. 89.)

According to Christian belief, Christ suffers in every sick person, his humanity suffers, which he took into the unity of his divine

[40] Ivan Pavao II, *Evangelium vitae – Evanđelje života.* **Enciklika o vrijednosti i nepovredivosti ljudskog života, Kršćanska Sadašnjost, Zagreb, 1995.,** (Further: *Ev).*

person. This solidarity of Christ with the suffering is the way to salvation, so the doctor must first be a servant to those who suffer. In the theological sense, he is a *good Samaritan* (Luke, 10.).

> „The principal and symbolic expression of „taking care" is their vigilant and caring presence at the sickbed. It follows that the <therapeutic ministry> of health care workers is a sharing in the pastoral and evangelizing work of the Church. Service to life becomes a ministry of salvation, that is, a message that activates the redeeming love of Christ". (NCOS, nn. 1.; 5.)

Christianity also influenced the personal culture and spirituality of doctors and the medical profession because it requires that the medical profession live in accordance with personal faith while accepting ethical principles. The religious motive gives their work an even deeper meaning. The religious perspective, especially the Christian perspective, enriches and broadens the concept of the profession. It transforms the profession into a vocation/mission. Occupation, understood as a call to a mode of living, understood not as a series of careerist activities, but a special way of witnessing the Gospel message and sending to the neediest with a special moral sensitivity towards professional bio/ethics that largely determines the motivation of the medical profession.

Pope Paul VI indicated what is essential for a health vocation, based on disinterested love and justice:

> "Love your profession! It is a great school for you. It makes you sensitive to the pain of your brothers; helps you to understand them and encourages you to respect them; and sharpens in you the noble impulses of the heart so that you dedicate yourself in spirit and endure in the sacrifice they ask of you. Your activity is a high lesson for the whole society: an example of generous kindness...and through your example it allows everyone to understand how beautiful and grateful it is to serve human pain for the love of Christ, the great mysterious Patient who suffers in everyone who asks for help and wisdom from your profession".[41]

Faith holds that in addition to the physical and mental, there is also a moral dimension of human life. This means that striving for physical and mental health cannot neglect moral good. "That spiritual determination and value, which is founded in God and derives from him, is the basis of human dignity and that spiritual value

[41] Paolo VI, *Dignità e responsabilità della vocazione del medico*, (18.X.1969.), in: E. D. Pellegrino, D. C. Thomasma, *Medicina per vocazione...*, 194.

is the measure of life, and it determines the coordinates of every, including medical concern for life".[42] Service to life should be faithful to the moral law and ethical responsibilities. In fidelity to the moral law, the health care worker actuates his fidelity to the human person whose worth is guaranteed by the law, and to God. „Seen in this light, health care assumes more exalted meaning as *service to life* and *healing ministry*. To serve life is to serve God in the person: it is to become a collaborator with God in restoring health to the sick body and to give praise and glory to God in the loving welcome to life, especially if it be weak and ill". (NCOS, n. 44.)

Toward the conclusion

In order to live and practice the profession bio/ethically correctly, it is not only enough to be professionally competent and to respect deontological codes. Scientific competence is important for the good development of the biomedical profession, but also the doctor's moral development, which significantly affects the quality of his work, his character traits of honesty, empathic compassion, conscientiousness, responsibility, justice, confidentiality, philanthropy and many others. To be able to faithfully apply these qualities, before choosing a profession, one should prepare a "life project" and weigh personal abilities, be aware of one's own limitations and prepare to be able to constantly adapt to them through one's occupation. Therefore, it is extremely important to directly face the internal motivation for choosing a profession, on which the entire future occupation depends.

Well-measured motivation, as well as ethical character disposition and the doctor's moral development, significantly influence the quality of his work. In the synthesis of these elements, a biomedical practitioner can find his own fulfillment in his life's occupation, understanding it as a vocation and mission, building a philanthropic professional relationship with the people entrusted with his profession. But in their absence, the profession is tempted to turn into mere formalistic professionalism that has careerist or managerial tendencies. This gives a bad sociological and bioethical image to the entire biomedical profession.

In order to overcome these professional deviations, good bio/ethical motivation must always be above individual value crite-

[42] Ante Mateljan, Zdrava bolest i bolesno zdravlje temelji kršćanskog poimanja zdravlja i bolesti, in: *Glasnik Hrvatskog Katoličkog liječničkog društva* XI (2001.) 3., 13-22.; 19.

ria of healthcare workers and directed towards the well-being of patients. Inseparable character traits are needed to develop good professionalism: those who manage to combine optimal scientificity and morality. One such incentive in everyday professional commitment was proclaimed by prominent bioethicist and doctor, Edmund Pellegrino:

> "I promise that I will carry out the obligations that I voluntarily undertake through the virtue of my profession, to heal and help the sick. My obligations will be based on their vulnerability and the trust they place in my professional expertise. Therefore, I undertake to care for my patients in their multiple needs according to the guiding principles of professional ethics. I accept the following obligations:
>
> 1) To put the well-being of the patient at the center of my professional work, above my own interest, whenever the gravity of the situation requires it.
> 2) Maintain professional competence in knowledge and abilities.
> 3) To recognize the limitations of one's competence and to turn to colleagues in the narrower health sector, whenever the needs of my patients require it.
> 4) Respect the values and opinions of colleagues from other health professions, recognizing in them individuals who are morally responsible.
> 5) To assist those who seek my help with equal interest and dedication, regardless of their ability to pay.
> 6) Act in the best interest of the patients and not primarily promote: social-political interests, nor economic health interests, nor my personal ones.
> 7) Respect the moral right of your patient and participate in their personal decisions related to a particular procedure. To explain it to them with clarity, understanding, care and comprehensibility, the advantages and disadvantages related to the outcome of his illness.
> 8) Participate in the selection of procedures that will be in accordance with the patient's values, without coercion, deception and duplicity.
> 9) Have confidence in what I hear and learn as an indispensable part of professional performance.
> 10) Help always, even when I am unable to heal and when death seems inevitable.

11) Never participate in the direct-active-conscious murder of a patient, even when asked to do so by state intervention, or for any other motive.

12) Perform social duty as required by the health policy.

13) To put into service what I teach and what I believe in, and thus embody the principles of my professional life."[43]

By respecting the professional and ethical obligations mentioned above, holistic, integral medical care is applied through the medical profession. It represents the true moral duty and responsibility of healthcare workers, which is based on the specific relationship between the patient and the persons who provide him with assistance. The goal of medical ethics is to encourage every healthcare worker to work in a virtuous way, testifying to the noble motivation of their calling.

> "The doctor's profession and unconditional benevolence, care for the patient without expectation of material benefit, fame or professional reputation before the public, without sick competitive or research curiosity, creates trust in the patient. The doctor's profession, experience, criticality, willingness to consult a more capable and experienced person deepen this trust. The readiness to analyze one's own behavior, avoiding obsession with thoughts of omnipotence, or market thoughts, profit, affirmation, privilege or perhaps the desire for power, a correct or consistent attitude towards the patient and the willingness to transfer experience to colleagues, are the obligations of the doctor".[44]

The primary intention of this article is to be a kind of appeal to conscience and humanity and to serve as an incentive for bio/ethical and moral sensitization to all healthcare workers, but the "appeal" is also addressed to health policy makers who "push" healthcare workers in the circumstances of utilitarian ethics and politics of healthcare, more and more towards management, and not so much towards humanity, thus preventing them from permanently retaining and implementing a truly noble motivation and dedication to this humane discipline.

---

[43] According to the quote of Domenico Di Virgilio, «Medico», in: S. Leone, S. Privitera (ur.), *Nuovo Dizionario di Bioetica*, 715.-721.; 720.-721.

[44] Review review by prof. Dr. Nikola Mandić on the book of Vjekoslav Miličić, *Deontologija profesije liječnik...*, 21.

In the daily split between belonging to a profession, vocation/vocation, careerism or management, the goal should be humanity, constancy and testimony to the philanthropic nobility that medicine should traditionally preserve as an *ars sacra*.

„I urge you to live a life worthy of the calling you have received. Be completely humble and gentle; be patient, bearing with one another in love". (Eph 1,4)

BIO/ETIČKA PREDISPOZICIJA KAO MOTIVACIJA MEDICINSKOG ZVANJA

Sažetak

S obzirom na različitu motivaciju i bio/etičku predispoziciju kojom se pojedinci opredjeljuju za medicinsku struku, rađa se i različit moralno-etički vrijednosni stav prema budućem zanimanju, no isto tako i prema profesionalnom odnosu. Stoga ovaj članak razmatra pet kategorizacija liječnika: plemeniti liječnik- filantrop, karijerist, komercijalist/zdravstveni menadžer, zdravstveni djelatnik u ulozi dvostrukog agenta te liječnika nadahnuta kršćanskim moralnim načelima.

Interna etičnost i moralnost, koja je imanentna i vlastita bio/medicini može biti izopačena, ukoliko ju se promatra samo formalno-profesijski, karijeristično-zanatski ili menadžerski; ali istodobno može biti i usavršena, ako ju se doživljava i primjenjuje kao zvanje/poziv, nadahnut istinskom filantropijom u kojem na savršen način balansiraju znanstveni, humanistički i bioetički aspekt profesije.

Ključne riječi: bioetika, karijerizam; medicinska etika; moralnost; profesija; poziv/zvanje.