Towards a medical ethics that cares
A theoretical and normative study of ill-being and care in medicine

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Principle objective

- The principal objective of the dissertation has been to develop theoretical insight in medicine with the aim of contributing to a better normative understanding of what care for the ill person entails.

- The human being in need: The homo patiens
- The human being as helper: The homo compatiens

Intermediate objectives

- To explore how the conceptual vocabulary of an ethics of care might contribute to illuminating ill-being and the ill person-medical helper relation.

- To make visible some consequences of introducing the set of concepts and perspectives developed in the thesis for today's medical practice.

Papers

- Paper 1: "Care for nurses only? Medicine and the perceiving eye" (Martinsen, 2011a)
- Paper 2: "Harm in the absence of care: Towards a medical ethics that cares" (Martinsen, 2011b).
- Paper 3: "Illness as a condition of our existence in the world: on illness and pathic existence" (Martinsen and Solbakk , 2012).

Paper 1: Care for Nurses Only? Medicine and the Perceiving Eye (2011)

- Kari Martinsen's philosophy of caring.

- The *recording* eye vs the *perceiving* eye in medicine.

- The epistemological relevance of care in the clinical encounter.

- Ethical implications: The protection of patient integrity, and the prevention of relational harm, as well as the contribution to strenghtening the patient's courage to live.

Paper 2: Harm in the absence of care: Toward a medical ethics that cares (2011)

- This paper focuses the attention on an ethical challenge that is seldom discussed in medical ethics, namely, the harm to which patients may be exposed due to the lack of care in the clinical encounter.

..not to turn away from someone in need

- I address this challenge of "harm in the absence of care" from the vantage point of Gilligan's idea of " … not to turn away from someone in need".

- The way of seeing in medicine
- The model of the moral agent in medicine and medical ethics
- The prevailing understanding of care in medicine

Palpating the pulse or holding the patient's hand?

- We were doing the round and saw a patient with terminal cancer. The patient was in a bad shape, and he was just receiving palliative care, including high dosages of analgetics. There was nothing else that we could do for him than providing palliation. Nevertheless, every morning we visited him, focusing on his laboratory tests, his urine production and his intake of fluids. One morning, however, the chief physician put his hands on the patient's hand as if he was comforting or supporting him. After a while, however, I realized that he was counting the patient's pulse. There was no obvious reason for counting the patient's pulse in this situation, and I remember I interpreted the chief physician's intention in that situation to be a caring one.

Care as compassion

- "…misses the heart of what goes on in practices of caring and misses what is of most value in them, which is that they are caring relations" (Held, 2006, p. 35).

The moral agent in medical ethics

- Autonomous and alone?
- Emotionally detached
- A separate self

A gentleman's care?

Care as a virtue of the detached and emotionally equable physician.

A gentleman's care?

- Care may thus be impaired by the underlying claim of staying detached and separate from the patient, constituting what I denote as a "gentleman's" kind of care. That is, when the relational "inbetween" is gone, the ability of reaching out towards the patient may be reduced or lost.

From where may this ambivalence related to care in medicine arise?

We have a situation in medicine and medical ethics, where underlying structures related to the understanding of care as an attribute of the emotional detached and separate moral agent, may contribute to impair the actual exercise of care in medicine: Thus, as physicians we lack a room for intervening with the patient relationally.

Conclusion