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### **Must we be Courageous?**

**By Ann B. Hamric, John D. Arras, and Margaret E. Mohrmann<sup>1</sup>**

In this paper Hamric, Arras, and Mohrmann provide a critical assessment of courageous behavior in medical practice. They argue that courage is an indispensable virtue in medical practice, but warn that inappropriate calling on courage risks endorsing oppression in the medical setting.

#### **Defining courage and its typologies**

Building on Aristotelian virtue ethics, the authors define a courageous action as one that a) demonstrates thoughtful deliberation based on practical reasoning; b) requires a situation that is difficult, painful or dangerous, and c) is performed by an agent for the purpose of pursuing morally worthy goals or ideals.

A distinction is made between courage as a virtue expected of all medical practitioners as part of their moral duty to their patients and courage exhibited in cases where a medical practitioner is acting beyond his or her moral duty to the patient. Examples of the latter are physicians and nurses who choose to serve as the first line defense against Ebola, putting themselves at risk in order to care for the patients.

#### **Main argument: Courage in Clinical Practice**

Following the definition of courage the authors move on to critically assess references to courage as a virtue in clinical practice.

#### *The case for courage:*

Situations where it is appropriate to refer to courage as a required virtue in the clinical setting are those where the clinician is faced with actual threats placing him or her at risk. A distinction is made between personal courage in the clinical setting and courage specific to medical care.

*Personal courage* may be required when facing a disturbed patient wielding a knife, or in cases where a medical practitioner is faced with personal fears triggered by certain patients. Generally, facing psychological or physical pain of patients call for compassion and skills, not courage. However, for a clinician who has survived serious trauma, courage may be called for when facing patients suffering similar trauma.

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<sup>1</sup> Hamric, A. B.; Arras, J. D.; and Mohrmann, M. E. (2015). "Must We Be Courageous?", *The Hastings Center Report* 45, No. 3 (2015): 33-40.

*Courage specific to medical care* is required in decision making, where there is a realistic fear of negative outcome. It is described as the courage required of clinicians to “approach with appropriate confidence situations that are fraught with the realistic fear of getting it wrong and causing harm.”

*The case against courage:*

Not all situations where a medical practitioner is facing fears or threats are appropriate for calling on courage as a virtue. The authors argue against the promotion of courage as a desirable virtue when faced with moral dilemmas within the medical institution. Health care providers are exposed to hierarchical oppression. In an oppressed situation, the ability to act virtuously is compromised because it prevents the virtuous person from flourishing. Valorising courage as a virtue when faced with moral dilemmas within the medical situation is problematic. This is because it celebrates individual courage by identifying reactions towards unethical institutional structures as heroic actions, rather than correcting the institutional injustice.

**Conclusion**

Individual courage may be used as a substitute for institutional justice. In doing so, problems with oppression in the medical setting are diminished and the question about what can be done to relieve these problems is left unanswered. Courage should not be promoted as a value in response to oppressive conditions in the clinical setting.