

A Golden Rule: Remember the Gift

I WOULD LIKE TO OFFER A SIMPLE FORMULA THAT PHYSICIANS can readily apply to act humanistically when faced with moral dilemmas in medical practice that they do not know how to handle. Since this formula really is quite simple, I am hoping those who use it will be able to pass it on to their students, residents, and colleagues and thereby enhance humanism in medicine, even under the modern pressures of cost containment, managed care, and other forces.

The 20-year tale of my search for this simple moral rule or formula is itself instructive and dates back to the wonderful opportunity I had to study moral philosophy for a couple of years between college and medical school. With that academic background, I arrived at medical school knowing a lot about what all the great thinkers thought about questions of right and wrong, and I was conversant in a host of theoretical frameworks and models for moral decision making. But I obviously did not know the first thing about the practical side: how to put all of this theory into practice. So in my first year of medical school, I went around to some of the most distinguished professors of medicine I could find, asking them what framework or rule they applied when faced with some moral dilemma in medicine. Most of them replied to me in the same way, saying something like, “What the heck are you talking about?”

I would respond with my sense that, when they are faced with, say, a patient on a ventilator who is unable to do much but suffer and they, the physicians, have to work with the family to make a decision about whether to pull the proverbial plug, that they must have some sort of framework or guideline that informs their thinking about the moral aspects of the decision. What I thought they would say is that they apply the most time-honored formula in ethics, the Golden Rule. This just goes to show how naive I was. Not one of those wise, gray-haired physicians said that they ask themselves what they would want if they were on the ventilator. And indeed, why should they? That basic formulation of the Golden Rule just does not work in the practice of medicine. First, it is not realistic for us, as physicians, to have to imagine our own final, painful days every time we have to participate in such a clinical and moral decision. Second—and even more important—the fact is that what I want for myself when I am the patient on the ventilator is completely *irrelevant* to what is right for *this* patient who might have different religious beliefs or a different cultural or family background. Surprisingly (to some), asking “If this were me, what would I want?” does not necessarily contribute to a morally informed decision.

What many of those professors did say was very interesting. Many of them said something like “Well, I guess I

think to myself, ‘If this patient were my mother, what would I want for her?’” Of course, you do not have to be a psychiatrist to see the methodologic flaw in the Golden Rule corollary that says, “Do unto others as you would have them do unto your mother!” And so that response did not get me much closer to the formula or rule for which I was hunting (although it did introduce me to what I later learned some people call “countertransference distortions” in ethical problem solving).

But I kept my ears open over the years, trying to find whether there was some kernel or essence in the Golden Rule that could work (all the while ignoring the fact that, during the early rise of HMOs, many people were beginning to think that in medicine, the Golden Rule means “Whoever has the gold makes the rules!”). What has been interesting to follow is how people have shifted to different versions of the formula over time. For some years it has been said, “If this patient were my child, what would I want done for him or her?” This version obviously tries to capture an incredible degree of *caring*. But it also engages one’s maternal or paternal emotional instincts, so this “my own child” version of the thought experiment has the potential of not providing enough objective *distance*, as when parents might be tempted to continue with heroic measures (hoping for some kind of miracle for their own child), beyond what they might think reasonable for any other patient. So the alternative was proposed: “What would I do if this patient were, say, a favorite niece or nephew?” as yet another attempt to formulate a useful, simple rule.

About 12 years ago, this line of thought brought my attention more fully to the core moral issue of *caring* for the patient, perhaps best captured by Francis Weld Peabody’s immortal words: “the secret of the care of the patient is in caring for the patient.” It finally occurred to me that perhaps the rule could be modified to what might be called the Rule of Caring. Rather than ask ourselves “If this patient were me” or “If this patient were my mother,” we could formulate the rule as follows: Start with the more realistic supposition: “If this patient *were this patient*” (a clear advantage already, since it is the patient), but add the core value of medicine and ask, “If this patient were this patient, but I cared about this patient as much as I care about myself, then what would I do?”

I have found that the Rule of Caring has broad application in the practice of medicine. *If this patient were this patient, but I cared about this patient as much as I care about my-*

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self, then what would I do? In the end-of-life case I presented to my learned colleagues, for example, the Rule of Caring leads us to take the extra effort and energy to find out what wishes the patient might have expressed to family and friends about his or her own desires if he or she were ever in that situation on a ventilator, just as we would hope that someone would take this extra effort to find out what wishes we might have expressed.

There I was, around 1989, thinking I had finally come up with something really good, when I was invited to give an ethics grand rounds in the psychiatry department at a major academic medical center in New York City. With my Rule of Caring tucked into my lecture notes, I flew in with much anticipation about what reaction this formula might engender. As soon as I finished the presentation in a gratifyingly crowded amphitheater, one of the nation's foremost psychoanalysts, seated in the front row, immediately raised his hand for a question. With some trepidation, I called on this dour-looking fellow, and he said: "Dr Hundert, I am most concerned with your Rule of Caring. In my experience, *doctors are very self-hating people.*"

Unfortunately, this guy had a point. My first response was to address his concern head-on and amend my Rule of Caring slightly to make it something like "What would I do if this patient were this patient, but I cared about this patient as much as I *would* care about myself if I were the kind of person who went to business school rather than medical school?!" But, the psychological insight behind his question suggested something more fundamental that cannot be fixed so easily. We medical people undeniably tend to be so very hard on ourselves even as we try to be gentle and caring with our patients. But it doesn't work.

If I were asked to guarantee one single conclusion from my academic life of studying human mental processes, it would be that our ability to project *any* feeling onto others is limited by our own internal capacities. The degree to which we are gentle on ourselves sets an absolute cognitive and emotional limit on how gentle and caring we can ever be with our patients, our spouses, or anyone else. How can we be gentle on our patients if we are not gentle on ourselves? How can we *care* for our patients if we do not *care* for ourselves, if we do not care for one another? Indeed—and perhaps most fundamental of all to both the Golden Rule and our Rule of Caring—how can we *respect* our patients if we do not *respect* ourselves? It is hard for medical types like us to hear this—people who have been so "successful" by being so harsh on ourselves. But, as British theologian G. K. Chesterton once said, "The reason angels can fly is that they take themselves lightly."

So, after years of searching for some simple rule or formula to apply when facing a complex moral dilemma, I have finally come to realize that, in the end, it is our own *dignity*, our own *self-respect*, that we must be able to project onto that patient in order to apply the essence of the Golden Rule. Hard as this is for today's wonderful physicians to hear,

the most important and unappreciated cause of the public opinion crisis about American medicine is the way in which attitudes of respect *for ourselves* (for better, or mostly for worse) get projected outward to the community. As the basic structures of medicine are being reshaped and people are questioning the very integrity of American medicine, I say it is time to look inward. They say that American medicine has fallen on hard times. They say that the honorable physician is part of a dying order.

After much searching I found a wonderful story that makes the connection we need. It is a story about respect. It is a universal story that has been told in some variation in almost all the world's sacred traditions. This particular version comes from the Hasidic tradition, but a similar story is attributed to Ramana Maharshi in the Hindu tradition, to Saint Paul in the Christian tradition, to the Sufi masters in the Moslem tradition, and others. This version comes from an 18th-century Jewish scholar and it's called "The Rabbi's Gift."

The story concerns a monastery that had fallen upon hard times. Once a great order, cultural changes over the past few hundred years had sapped its strength. All of its branch houses were closed and there were only five monks left in the decaying mother house: the abbot and four others, all over 70 years of age. Clearly it was a dying order.

In the deep woods surrounding the monastery there was a little hut that a rabbi from a nearby town occasionally used for a hermitage. The monks could always sense when the rabbi was in the woods, and during one such visit it occurred to the abbot to pay the rabbi a visit and to ask if he might have some advice that could save the monastery.

The rabbi welcomed the abbot at his hut. But when the abbot explained the purpose of his visit, the rabbi could only commiserate with him. "I know how it is," he said. "The spirit has gone out of the people. It is the same in my town. Almost no one comes to the synagogue anymore."

So the old men wept together. They read parts of sacred scriptures, and spoke quietly of deep things. When the abbot finally rose to leave, they embraced, and he asked again: "Is there nothing you can tell me to help me save my dying order?"

"No, I am sorry," the rabbi responded. "I have no advice to give. The only thing I can say is that one of you is the Messiah."

When the abbot returned to the monastery, his fellow monks gathered around him to ask, "Well, what did the rabbi say?"

"He couldn't help," the abbot answered. "We just wept and read holy scriptures together. Although, just as I was leaving, he did say something rather strange. He said that the Messiah is one of us. I don't know what he meant."

In the days and weeks that followed, the old monks pondered this and wondered whether there was any possible significance to the rabbi's words. The Messiah is one of us? Could he possibly have meant one of us monks here at the monastery? If that's the case, which one?

Do you suppose he meant the abbot? Yes, if he meant anyone, he probably meant Father Abbot. On the other hand, he might have meant Brother Thomas. Certainly Brother Thomas is a holy man.

He surely could not have meant Brother Eldred! Eldred is always so crotchety. Though, come to think of it, Eldred is virtually always right. Often very right. Maybe the rabbi did mean Brother Eldred.

But certainly not Brother Phillip. Phillip is so passive, a real nobody. But then, almost mysteriously, he has a gift for somehow always being there for you when you need him. Maybe Phillip is the Messiah.

Of course the rabbi didn't mean me, each of them thought in turn about themselves. He couldn't possibly have meant me. I'm just an ordinary person. Yet suppose he did? Suppose I am the Messiah? O, God, not me, each thought. I couldn't be that much for the others, could I?

As they each contemplated in this manner, the old monks began to treat each other with extraordinary respect on the off chance that one among them might be the Messiah. And on the off, off chance that each monk himself might be the Messiah, they began to treat themselves with extraordinary respect.

It so happened that people still occasionally came to visit the monastery, to picnic on its green lawn, to wander along its many paths, even to sit in the old chapel to meditate. As they did so, without even being conscious of it, they sensed this aura of extraordinary respect that now began to surround the five old monks and seemed to radiate out from them and permeate the atmosphere of the place. Hardly knowing why, they began to come back to the monastery more frequently to picnic, to play, to pray.

They began to bring their friends to show them this special place. And their friends brought their friends.

Then it happened that some of the younger visitors started to talk more and more with the old monks. After awhile one asked if he could join them. Then another. And another.

Within a few years the monastery had once again become a thriving order and, thanks to the rabbi's gift, a vibrant community of spirituality and light.

The message I convey here should be obvious to all physicians who have a commitment to humanism in medicine. It is *we* who will redeem American medicine. It is each physician reading these words. And each of us will do so by remembering that the formula to apply when facing some complex moral dilemma really is simple: Just remember "The Rabbi's Gift," and you'll know what to do.

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