VALUES AND THE PATIENT-PHYSICIAN RELATIONSHIP

I. INTRODUCTION: QUESTIONS, ANSWERS, REJECTIONS

What is the ideal patient-physician relationship (PPR)? Three of the papers presented at this conference give three different answers to this question. Julie Rothstein Rosenbaum argues that the PPR must include continuity of care and trust. Howard Brody argues for a PPR that maximizes healing (while lowering costs) by helping the physician to induce the placebo effect in her patients. Finally, Katherine Montgomery contends that the ideal PPR is one that maximizes a physician’s ability to treat patients by maintaining a therapeutic distance between patient and physician. Much of what these three authors suggest conforms to our intuitions about the ideal PPR. It certainly seems like a good idea to have trust, continuity of care, increased rate of healing, lower costs, and keeping physicians focused on the patient as aspects of the ideal PPR.

But is it necessarily the case that the PPR must have these characteristics? Can we reject trust, continuity of care, low costs, etc. and still have a good PPR? And, what is the price of modifying the PPR to incorporate trust, continuity of care, etc.? If we adopt the views expressed by Engelhardt in his keynote address, then our answer to these questions must be, respectively: no, yes, and possibly high. In the remainder of this paper, I take a look at the arguments provided by Rosenbaum, Brody, and Montgomery in their papers on the PPR with the goal of seeing how well their work fits with the claims Engelhardt makes in his keynote address. To do so, I first give a brief description of Engelhardt’s views. I then turn to the arguments provided by Rosenbaum, Brody, and Montgomery in their papers at this conference. I explain their views and describe how they fit with Engelhardt. I conclude that they do not fit well with Engelhardt’s views about morality in a liberal secular society because they ignore Engelhardt’s main point - that in a liberal secular society there can be no privileged moral viewpoint and associated (ordered) set of values.
II. MORAL STRANGERS

At the core of Engelhardt’s understanding of any ethical problem is his view that members of a liberal secular society are moral strangers. Two persons are moral strangers when they do not hold the same basic moral principles or they have differing rules of evidence and inference and, as a result, they can not resolve moral dilemmas through sound rational argument. In addition, moral strangers, unlike moral friends, can not resolve their moral disputes by appeal to a canonical source, whether that source is an institution (like the Church) or an individual (like the Pope) (Engelhardt, 1996, p. 6).

Moral friends, on the other hand, either agree upon the same basic moral premises, have the same rules of evidence and inference, or have a canonical source upon whom they may call to resolve disputes. In other words, members of the same moral community can not have irresolvable moral disputes. Members of the same religious community turn out to be good examples of moral friends. They have, for the most part, the same moral premises and when they can not resolve ethical disputes through reason (using those premises) they can turn to an agreed upon authority (e.g., the Pope) to resolve those disputes.

But in a modern, liberal, secular state, we can not be assured that people will meet Engelhardt’s three criteria of moral friendship. It is a key feature of these societies that their members may disagree about what are the basic moral principles, the rules of (moral) evidence and inference, and upon sources to be used to resolve moral disputes. So, when two people meet they may have very different moral beliefs and value systems. Depending on how different their moral systems are, these moral strangers may not be able to resolve their moral disagreement through either reason or appeal to an authority. As a result, Engelhardt argues, in a liberal secular state, the only recourse two citizens have, when they have a moral dispute (and they are not moral friends), is to establish a non-coercive agreement stipulating what each will allow the other to do to the other.

This moral estrangement raises particularly interesting problems for patients and physicians. In liberal secular societies, patients may encounter physicians who do not share the same basic moral values as their patients. Consequently, when patient and physician first meet, neither can be certain what value system the other holds. This can be a problem because while both patient and physician agree that the patient